

# MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	SIALENDOSCOPY
Policy Number	7.01.94
Category	Technology Assessment
Effective Date	04/19/18
Revised Date	04/18/19
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> </ul>

## POLICY STATEMENT

Based on our criteria and assessment of the peer-reviewed literature, use of sialendoscopy for diagnostic or therapeutic purposes has been medically proven to be effective and is considered **medically appropriate** for the management of *chronic* sialadenitis and sialolithiasis (salivary duct stones).

## POLICY GUIDELINES

- I. If sialendoscopy is performed in conjunction with another salivary duct/gland surgery, the sialendoscopy would be considered inclusive/incidental to the primary procedure, and therefore, would not be allowed separate reimbursement.
- II. Acute sialadenitis is a contraindication for sialendoscopy. Although this condition is not an absolute contraindication, acute inflammation makes sialendoscopy problematic because an inflamed ductal system is more difficult to dilate and use of a dilator system and scope increases the chance of ductal trauma and can foster the spread of infection.

## DESCRIPTION

Traditional methods of treating nonneoplastic disorders of the salivary gland include watchful observation, medical treatment, and surgical excision of the involved salivary gland. Sialendoscopy is a relatively new procedure that allows endoscopic transluminal visualization of major salivary glands and offers a mechanism for diagnosing and treating both inflammatory and obstructive pathology related to the ductal system.

Sialendoscopy offers a minimally invasive approach to disease management and can be both diagnostic and therapeutic. It is complementary to diagnostic techniques such as plain radiography, ultrasonography, computed tomography (CT), magnetic resonance sialography, and conventional sialography, all of which are traditional, time-tested methods for evaluating the salivary ductal system. The most common nonneoplastic pathology for which sialendoscopy is indicated is salivary stones. The most common area of origin for sialoliths (80%) is the submandibular gland. 19% occur in the parotid gland, and 1% are found in the sublingual glandular system. Sialolithiasis is most frequently found in adults, but it may also present in children. Sialolithiasis is a major cause of sialadenitis and unilateral diffuse swelling of the major salivary glands. Other common indications for sialendoscopy include diagnostic evaluation of recurrent unexplained swelling of the major salivary glands associated with meals, ductal stenosis, and intraductal masses.

Endoscopic stone removal is recommended for stones smaller than 4 mm in submandibular cases and smaller than 3 mm in parotid cases. When the stones are very large or when preoperative assessment suggests that endoscopic removal will be difficult, combined surgical approaches have been employed.

## Medical Policy: SIALENDOSCOPY

Policy Number: 7.01.94

Page: 2 of 4

Sialendoscopy includes progressive dilatation of the salivary duct, with or without stents, performed until the opening is large enough to allow the introduction of an endoscope. The duct is irrigated initially with a local anesthetic solution and then with saline as the scope is passed through the ductal system. Instruments (such as wire retrieval baskets) are then introduced through the endoscope to remove stones. A stent may sometimes be left in the duct postoperatively.

### **RATIONALE**

The National Institute for Health and Clinical Excellence's guidance on therapeutic sialendoscopy (NICE, 2007) stated that current evidence on the safety and effectiveness of this technology appears adequate to support the use of this procedure. The Specialist Advisers did not consider there to be any uncertainties about this procedure. One Advisor noted that high success rates are reported in the published literature. Across these studies therapeutic sialendoscopy relieved duct obstruction in between 82% (90/110) and 87% (47/54) of cases.

Based on a weighted pooled analysis (Strychowsky, et al. 2012), success rates for interventional sialendoscopy alone (1,213 patients) has been reported at 86%, and 93% for sialendoscopy with a combined surgical approach (374 patients).

A study of 1,154 patients Zenk and colleagues (2012) reported high stone and symptom-free success rates of 100% and 98% for sialendoscopy alone in submandibular and parotid cases, respectively. Additionally, long-term success was greater than 90% for patients with submandibular and parotid stones treated with sialendoscopy.

### **CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- **CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

#### **CPT Codes**

Code	Description
	There is no specific CPT code for sialendoscopy; however, 42699 (unlisted procedure, salivary gland or ducts) may be billed

*Copyright © 2019 American Medical Association, Chicago, IL*

#### **HCPCS Codes**

Code	Description
	No specific code

#### **ICD10 Codes**

Code	Description
K11.5	Sialolithiasis
K11.23	Chronic sialadenitis

### **REFERENCES**

Ardekian L, et al. The use of sialendoscopy for the treatment of multiple salivary gland stones. J Oral maxillofac Surg 2014 Jan;72(1):89-05.

Atienza G, et al. Management of obstructive salivary disorders by sialendoscopy: a systematic review. Br J oral Maxillofac Surg 2015 July;53(6):507-519.

Aubin-Pouliot A, et al. Sialendoscopy-assisted surgery and the chronic obstructive sialadenitis symptoms questionnaire: A prospective study. Laryngoscope 2016 June;126(6):1343-1348.

Bhayani MK, et al. Sialendoscopy for patients with radioiodine-induced sialadenitis and xerostomia. Thyroid 2015 July;25(7):834-838.

## **Medical Policy: SIALENDOSCOPY**

**Policy Number: 7.01.94**

**Page: 3 of 4**

\*Bowen MA, et al. Diagnostic and interventional sialendoscopy: a preliminary experience. Laryngoscope 2011 Feb;121(2):299-303.

Canzi P, et al. Sialendoscopy in juvenile recurrent parotiditis: a review of the literature. Acta Otorhinolaryngol Ital 2013 Dec;33(6):367-373.

Choi JS, et al. Clinical outcomes and prognostic factors of sialendoscopy in salivary duct stenosis. Laryngoscope 2017 Oct 8. [Epub ahead of print].

Chuanggi Y, et al. Sialendoscopic findings in patients with obstructive sialadenitis: long-term experience. Br J Oral Maxillofac Surg 2013 June;51(4):337-341.

Cox D, et al. Prognostic factors for therapeutic sialendoscopy. J Laryngol 2017 May 11:1-4. [Epub ahead of print].

Cung TD, et al. Sialendoscopy in the management of radioiodine induced sialadenitis: a systematic review. Ann Otol Rhinol Laryngol 2017 Nov;126(11):768-773.

Delagnes EA, et al. Sialadenitis without sialolithiasis: prospective outcomes after sialendoscopy-assisted salivary duct surgery. Laryngoscope 2017 May;127(5):1073-1079.

Delagnes EA, et al. Salivary duct stenosis: short-term symptom outcomes after sialendoscopy-assisted salivary duct surgery. Laryngoscope 2017 may. [Epub ahead of print].

Erkul E, et al. Sialendoscopy for non-stone disorders: the current evidence. Laryngoscope Invest Otolaryngol 2016 Sept 7;1(5):140-145.

Gallo A, et al. Outcomes of interventional sialendoscopy for obstructive salivary gland disorders: an Italian study. Acta Otorhinolaryngol Ital 2016 Dec;36(6):479-485.

Guo YF, et al. Sialendoscopy-assisted treatment for chronic obstructive parotitis related to Sjogren syndrome. Oral Surg Oral Med Oral Pathol Oral Radiol 2017 March;123(3):305-309.

Jadu FM and Jan AM. A meta-analysis of the efficacy and safety of managing parotid and submandibular sialoliths using sialendoscopy assisted surgery. S Med J 2014 Oct;35(10):1188-1194.

Jager DJ, et al. Sialendoscopy of salivary glands affected by Sjogren syndrome: a randomized controlled pilot study. J Oral Maxillofac Surg 2016 June;74(6):1167-1174.

Klein H, et al. The treatment of large sialoliths by sialendoscopic combine approach. J Oral Maxillofac Surg 2014 April;72(4):72(4):737-743.

Kopec T, et al. Sialendoscopy and sialendoscopically-assisted operations in the treatment of lithiasis of the submandibular and parotid glands: our experience of 239 cases. Br J Oral Maxillofac Surg 2016 Sept;54(7):767-771.

\*Luers JC, et al. Sialendoscopy for sialolithiasis: early treatment, better outcome. Head Neck 2012 April;34(4):499-504.

Meyer A, et al. Sialendoscopy: a new diagnostic and therapeutic tool. Eur Ann Otorhinolaryngol Head Neck Dis 2013 April;130(2):61-65.

Nation J, et al. Pediatric Sialendoscopy for Recurrent Salivary Gland Swelling: Workup, Findings, and Outcomes. Annals of Otolaryngology, Rhinology & Laryngology 2019, Vol. 128(4) 338–344.

National Institute for Health and Clinical Excellence. Guidance on Therapeutic Sialendoscopy 2007 May 23. <https://www.nice.org.uk/Guidance/IPG218> accessed 5/6/19.

Pniak T, et al. Sialendoscopy, sialography, and ultrasound: a comparison of diagnostic methods. Open Med 2016;11:461-464.

Ramakrishna J, et al. Sialendoscopy for the management of juvenile recurrent parotitis: a systematic review and meta-analysis. Laryngoscope 2015 June;125(6):1472-1479.

Roland LT, et al. Sialendoscopy-assisted transfacial removal of parotid sialoliths: a systematic review and meta-analysis. Laryngoscope 2017 Nov;127(11):2510-2516.

**Medical Policy: SIALENDOSCOPY**

**Policy Number: 7.01.94**

**Page: 4 of 4**

Rosbe KW, et al. Effectiveness and costs of sialendoscopy in pediatric patients with salivary gland disorders. Laryngoscope 2015 Dec;125(12):2805-2809.

Rotnagl J, et al. Sialendoscopy and combined minimally invasive treatment for large parotid stones. BioMed Res Int 2016;2016:1354202.

Ryan WR, et al. One-Year Symptom Outcomes After Sialolithiasis Treatment With Sialendoscopy-Assisted Salivary Duct Surgery. Laryngoscope, 2019;129:396–402.

Schneider H, et al. Juvenile recurrent parotitis: a retrospective comparison of sialendoscopy versus conservative therapy. Laryngoscope 2014 Feb;124(2):451-455.

Schwartz N, et al. Combined approach sialendoscopy for management of submandibular gland sialolithiasis. Am J Otolaryngol 2015 Sept-Oct;36(5):632-635.

\*Strychowsky JE, et al. Sialendoscopy for the management of obstructive salivary gland disease: asystematic review and meta-analysis. Arch Otolaryngol Head Neck Surg 2012 June;138(6):541-547.

\*Zenk J, et al. Sialendoscopy in the diagnosis and treatment of sialolithiasis: a study on more than 1000 patients. Otolaryngol Head Neck Surg 2012 Nov;147(5):858-863.

\*Key Article

**KEY WORDS**

Salivary duct, Salivary gland, Salivary stone, Sialadenitis, Sialolithiasis

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on our review, sialendoscopy is not addressed in National or Regional Medicare coverage determinations or policies.