
Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- This MCP also applies to Medicare members due to absence of current national and local coverage determinations from CMS.
- Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines

I. Procedure / Service: Sialendoscopy is the endoscopic balloon dilation and visualization of major salivary glands. The procedure is medically appropriate for both diagnosing and treating inflammatory and obstructive pathology within the ductal system

II. Specialty: Ordering of both diagnostic and therapeutic sialoendoscopy applications is limited to otolaryngology.

III. Indications

Diagnostic and interventional applications of Sialendoscopy is limited to the following conditions:

- A.** Sialolithiasis and diagnosis/treatment of recurrent salivary gland swelling of unclear origin, including removal of salivary stones within the following dimensions:
 1. < 4 mm from submandibular gland;
 2. < 3 mm parotid gland;
 3. Larger stones (usually between 4 and 7 mm in either gland) are reviewed on a case-by-case basis to determine the optimal therapies.
- B.** Sialadenitis from radiation, autoimmune disease, recurrent parotitis in children and for strictures;
- C.** Sialendoscopy may be used to assist with external procedures and for trauma to salivary ducts;
- D.** In combination with Sialodochoplasty (balloon angioplasty of the salivary duct, salivary duct stenting and marsupialization/exteriorizing a portion of a stenotic papilla or duct).

IV. Exclusions/Restrictions

- A.** Diagnostic sialendoscopy is generally contraindicated in acute sialadenitis, requiring extensive risk/benefit review.
- B.** Other procedures considered to be experimental and investigational: extracorporeal shock wave lithotripsy, elastography, and endoscopic intracorporeal shock wave lithotripsy



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Sialendoscopy (or Sialoendoscopy)

Medical Coverage Policy

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Approval History

Date approved by RUMC*	Date filed with the State of Maryland	Date of Implementation (Ten days after filing)
05/27/2016	05/31/2016	06/10/2016

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
06/01/2017	06/01/2017
05/29/2018	05/29/2018
05/28/2019	05/28/2019
05/14/2020	05/14/2020
05/04/2021	05/04/2021
05/25/2022	05/25/2022
04/25/2023	04/25/2023
04/25/2024	04/25/2024

*The Regional Utilization Management Committee received *delegated authority* to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee in 2011

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, Medical Coverage Policies are evidence-based and may also include expert opinion. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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