Authorization criteria: Ethmoidectomy, endoscopic

For BCN HMO℠ (commercial), BCN Advantage℠ and Medicare Plus Blue℠ PPO members

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.


Acute ethmoid rhinosinusitis, complicated (urgent)
The following must be met:

1. Rhinosinusitis identified by CT AND EITHER of the following:
   a. Air fluid levels
   b. Opacification
2. Complications or complicating factors, identified by ONE or more of the following:
   a. Immunocompromised host
   b. Focal neurologic finding
   c. Facial cellulitis
   d. Orbital cellulitis or abscess identified by physical examination or CT
   e. Periorbital abscess identified by physical examination
   f. Meningitis identified by lumbar puncture
   g. Intracranial abscess identified by CT or MRI
   h. Cavernous sinus thrombosis identified by CT or MRI
   i. Osteomyelitis identified by CT or MRI

Anterior cranial base fracture or tumor
Anterior cranial base fracture or tumor identified by imaging

Chronic ethmoid rhinosinusitis
All the following must be met:

1. TWO OR MORE of the following symptoms for at least 12 weeks:
   a. Purulent nasal discharge
   b. Nasal obstruction, blockage or congestion
   c. Facial pain, pressure or fullness
   d. Decreased or altered sense of smell

2. Rhinosinusitis identified by CT AND ONE or MORE of the following:
   a. Air fluid levels
   b. Mucosal thickening of more than 2 mm
   c. Opacification

3. Continued symptoms or findings after treatment with BOTH of the following:
   a. Antibiotic treatment for at least 3 weeks
   b. Oral corticosteroid therapy for at least 5 days or intranasal corticosteroid spray for at least 3 weeks (unless contraindicated or not tolerated)

CSF leak or encephalocele
ONE of the following must be met:

1. CSF leak or encephalocele identified by ONE of the following:
   a. CSF leak or encephalocele by high resolution CT
   b. CSF leak or encephalocele by CT or MRI cisternography

2. CSF leak suspected post surgery or trauma and ONE OR MORE of the following:
   a. Unilateral clear rhinorrhea
   b. Meningitis by LP
Authorization criteria: Ethmoidectomy, endoscopic

For BCN HMO™ (commercial), BCN Advantage™ and Medicare Plus Blue™ PPO members

**Ethmoid sinus mass**
Ethmoid sinus mass identified by CT or MRI

**Epistaxis**
EITHER of the following must be met:
1. At least ONE of the following:
   a. Epistaxis uncontrolled by anterior or posterior packing
   b. Epistaxis and known coagulopathy
2. Epistaxis and patient cannot tolerate packing and EITHER of the following:
   a. Cardiopulmonary disease
   b. Uncontrolled pain from packing

**Medial orbital wall decompression**
ONE of the following must be met:
1. Fracture of medial orbit and ALL of the following:
   a. ONE or MORE of the following:
      i. Restriction of extraocular motion
      ii. Diplopia
      iii. Enophthalmos
   b. Globe injury excluded by physical exam
   c. Fracture diagnosed by imaging
2. Thyroid-related orbitopathy and EITHER
   a. Continued exposure keratopathy after treatment WITH ALL of the following:
      i. Lid taping during sleep
      ii. Artificial tears
      iii. Systemic corticosteroids (unless contraindicated or not tolerated)
   b. Compressive optic neuropathy uncontrolled by systemic corticosteroids (unless contraindicated or not tolerated).

**Nasal polyposis**
ALL of the following must be met:
1. Nasal obstruction by history
2. Nasal polyps identified by CT
3. Continued symptoms or findings after treatment with oral corticosteroids for at least 5 days or intranasal corticosteroid spray for at least 3 weeks (unless contraindicated or not tolerated)

**Recurrent acute ethmoid rhinosinusitis**
The following must be met:
1. At least 4 episodes of acute bacterial rhinosinusitis within 1 year AND an absence of signs or symptoms of rhinosinusitis between episodes
2. Ethmoid involvement identified by CT

**References**
Change Healthcare’s InterQual® 2019 Procedures Adult Criteria, Ethmoidectomy, Endoscopic

*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2019 American Medical Association. All rights reserved.

Current authorization criteria effective date: January 2020