

Ethmoidectomy, endoscopic

Services must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable procedure codes: *31255, *31257, *61580 and *61581

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See below for the questions you'll encounter for this procedure in the e-referral system.

- 1.*The Ethmoidectomy, Endoscopic Questionnaire is required [Questionnaire Assessment](#).
- 2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Ethmoidectomy, Endoscopic

Answering the question(s) below will provide additional information needed to process your request.

Q Does the patient have rhinosinusitis identified by CT findings of EITHER air fluid levels OR opacification OR mucosal thickening greater than 2mm?

A Possible answers: Yes No N/A

Q Does the patient have complications or complicating factors, identified by ONE or more of the following? Impaired immune system. Focal neurologic finding (for example, limitations with moving both eyes at the same time, visual disturbances, light sensitivity, seizures). Facial cellulitis. Orbital cellulitis or abscess identified by physical examination or CT. Periorbital abscess identified by physical examination. Meningitis identified by lumbar puncture. Intracranial abscess identified by CT or MRI. Cavemous sinus thrombosis identified by CT or MRI. Osteomyelitis identified by CT or MRI.

A Possible answers: Yes No N/A

Preview questionnaire: Ethmoidectomy, endoscopic

For BCN HMOSM (commercial) and BCN AdvantageSM members
For Blue Cross Medicare Plus BlueSM PPO members

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

<p>Q Has the patient had at least 4 episodes of acute bacterial rhinosinusitis within 1 year WITH an absence of signs or symptoms between episodes AND ethmoid involvement identified by CT?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Has the patient had TWO OR MORE of the following symptoms for at least 12 weeks? Purulent nasal discharge. Nasal obstruction, blockage or congestion. Facial pain, pressure or fullness. Decreased or altered sense of smell?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have continued symptoms after treatment with BOTH antibiotics for at least 3 weeks AND intranasal corticosteroid spray for at least 3 weeks (unless contraindicated or not tolerated)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have a cerebral spinal fluid leak or encephalocele (protrusion of the frontoethmoid region) identified by EITHER high resolution CT or MRI cisternography?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have a suspected cerebral spinal fluid leak after surgery or trauma with EITHER meningitis identified by lumbar puncture OR unilateral clear rhinorrhea (clear watery discharge from one side of the nose)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

Preview questionnaire: Ethmoidectomy, endoscopic

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See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have an ethmoid sinus mass identified by CT or MRI?

A Possible answers: Yes No N/A

Q Does the patient require ligation of the ethmoid artery for epistaxis (nosebleed) that is EITHER uncontrolled by anterior or posterior packing OR the patient has a known coagulopathy (bleeding disorder)?

A Possible answers: Yes No N/A

Q Does the patient have epistaxis (nosebleed) and cannot tolerate packing due to EITHER cardiopulmonary disease OR uncontrolled pain from packing?

A Possible answers: Yes No N/A

Q Does the patient have a fracture of the medial orbit identified by imaging AND EITHER restricted eye movements, diplopia (double vision), or enophthalmos (posterior displacement of the eyeball) AND a globe injury was ruled out (for example, a rupture)?

A Possible answers: Yes No N/A

Q Does the patient have thyroid-related orbitopathy (such as with Grave's disease) AND continued exposure keratopathy (dry eye) after treatment with ALL of the following? Lid taping during sleep. Artificial tears. Systemic corticosteroids (unless contraindicated or not tolerated).

A Possible answers: Yes No N/A

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Q Does the patient have thyroid-related orbitopathy (such as with Grave's disease) AND compressive optic neuropathy (pressure on the optic nerve) uncontrolled by systemic corticosteroids (unless contraindicated or not tolerated)?

A

Possible answers: Yes No N/A

Q Does the patient have nasal polyposis AND ALL nasal obstruction by history or nasal polyps identified by CT WITH continued symptoms after treatment with corticosteroids or intranasal corticosteroid spray (unless contraindicated or not tolerated)?

A

Possible answers: Yes No N/A

Q Does the patient have an anterior cranial base fracture OR tumor identified by imaging?

A

Possible answers: Yes No N/A