

### Ethmoidectomy, Endoscopic

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*31253, \*31254, \*31255, \*31257, \*31259, \*61580, \*61581

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

**Q** Does the patient have rhinosinusitis identified by CT and findings of at least ONE of the following (A-C)? A. Air fluid levels B. Opacification C. 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 (A-I)? A. Impaired immune system B. Focal neurologic finding (for example, limitations with moving both eyes at the same time, visual disturbances, light sensitivity, seizures) 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

**A**

Possible answers:  Yes  No  N/A

**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?

**A**

Possible answers:  Yes  No  N/A

**Q** Has the patient had TWO OR MORE of the following symptoms for at least 12 weeks (A-D)? A. Purulent nasal discharge B. Nasal obstruction, blockage or congestion C. Facial pain, pressure or fullness D. Decreased or altered sense of smell

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have continued symptoms after treatment with BOTH antibiotics for at least 3 weeks AND either oral corticosteroid therapy for at least 5 days or intranasal corticosteroid spray for at least 3 weeks (unless contraindicated or not tolerated)?

**A**

Possible answers:  Yes  No  N/A

**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?

**A**

Possible answers:  Yes  No  N/A

**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)?

**A**

Possible answers:  Yes  No  N/A

**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, a globe injury was ruled out (for example, a rupture) AND at least ONE of the following (A-C)? A. Restricted eye movements B. Diplopia (double vision) C. Enophthalmos (posterior displacement of the eyeball)

**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 (A-C)? A. Lid taping during sleep B. Artificial tears C. Systemic corticosteroids (unless contraindicated or not tolerated)

**A**

Possible answers:  Yes  No  N/A

**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

## Preview questionnaire: Ethmoidectomy, Endoscopic

For Medicare Plus Blue<sup>SM</sup>, BCN commercial and BCN Advantage<sup>SM</sup>

Effective Jan. 1, 2022

**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 oral corticosteroids for at least 5 days OR intranasal corticosteroid spray for at least 3 weeks (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