

Septoplasty

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 authorization requirements.

Applicable procedure codes: *30520

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

Q Is the septoplasty planned adjunct to a dacryocystorhinostomy?

A

Possible answers: Yes No N/A

Q Is the septoplasty planned adjunct to a septorhinoplasty?

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with nasal obstruction without a documented cause and at least ONE of the following (A-D)? A. Difficulty breathing through the nose. B. Nasal blockage or obstruction. C. Nasal congestion or stuffiness. D. Unable to get enough air through the nose during exercise or exertion.

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with obstructive sleep apnea and BOTH of the following (A-B)? A. Intolerance to continuous positive airway pressure (CPAP). B. Medical management ineffective after at least 6 weeks with topical corticosteroids and decongestants.

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with chronic rhinosinusitis confirmed by CT and ONE of the following (A-C)? A. Air fluid levels. B. Mucosal thickening greater than 2 mm. C. Opacification.

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with chronic rhinosinusitis confirmed by CT and two or more symptoms of sinusitis continue 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 a deviated septum by physical examination or endoscopy with chronic rhinosinusitis confirmed by CT and two or more symptoms of sinusitis that continue for at least 12 weeks after treatment with BOTH (A-B)? A. Antibiotic treatment for at least 3 weeks or not indicated or not tolerated. B. Oral corticosteroid therapy for at least 5 days or intranasal corticosteroid therapy for at least 3 weeks or corticosteroid therapy contraindicated or not tolerated.

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with chronic rhinosinusitis confirmed by CT and at least ONE of the following findings (A-B)? A. Septum touching middle turbinate. B. Septum blocking middle meatus.

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with recurrent epistaxis?

A

Possible answers: Yes No N/A

Q Does the patient have a deviated septum by physical examination or endoscopy with recurrent acute rhinosinusitis (at least four episodes within one year) confirmed by CT and at least ONE of the following findings (A-B)? A. Septum touching middle turbinate. B. Septum blocking middle meatus.

A

Possible answers: Yes No N/A