

# Preview questionnaire: Sinusotomy, frontal endoscopic

For Blue Care Network HMO<sup>SM</sup> (commercial) and BCN Advantage<sup>SM</sup> members  
For Blue Cross Medicare Plus Blue<sup>SM</sup> PPO members

Medicare Plus Blue PPO provides coverage for this service for adult members who meet medical necessity criteria. Submit prior authorization requests through e-referral. 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 Medicare Plus Blue PPO cannot authorize it, Medicare Plus Blue PPO 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:** \*31276, \*31295, \*31296, \*31297, \*31298

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

- 1.\*The Sinusotomy, Frontal, 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.

### Sinusotomy, Frontal, 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. Cavernous sinus thrombosis identified by CT or MRI. Osteomyelitis identified by CT or MRI.

**A**  Possible answers:  Yes  No  N/A

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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** Has the patient had at least 4 episodes of acute bacterial rhinosinusitis within 1 year WITH an absence of symptoms between episodes AND frontal sinus 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? Purulent nasal discharge. Nasal obstruction, blockage or congestion. Facial pain, pressure or fullness. 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 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 cystic mass affecting the sinuses (for example, a mucocele or mucophyocoele) identified by CT?

**A**  Possible answers:  Yes  No  N/A