



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Preview questionnaire: Sinusotomy, Frontal, Endoscopic

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

Effective March 17, 2020

Sinusotomy, Frontal, 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 will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *31276, *31295, *31296, *31297, *31298

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

Q Is the procedure requested CPT 31276 AND the patient has rhinosinusitis identified by CT findings of 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. Cavemous sinus thrombosis identified by CT or MRI. I. Ostomyelitis 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 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 (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 (A and B)? A. Antibiotics for at least 3 weeks or not indicated or not tolerated. B. 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 cystic mass affecting the sinuses (for example, a mucocele or mucopyocele) identified by CT or MRI?

A

Possible answers: Yes No N/A

Q Does the patient have a frontal sinus mass identified by CT or MRI?

A

Possible answers: Yes No N/A



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Q Is the request for BALLOON OSTIAL DILATION because the patient has EITHER chronic frontal, maxillary or sphenoid rhinosinusitis by CT with continued symptoms or findings after treatment with at least ONE of following (A-C)? 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 spray for at least 3 weeks (unless intranasal corticosteroid spray contraindicated or not tolerated). C. Intranasal saline irrigation.

A

Possible answers: Yes No N/A