



**Utilization Management**  
**Phone: 1-877-284-0102      Fax: 1-800-510-2162**

**Sinus Endoscopy Precertification Review**

Date: \_\_\_\_\_ Reference #: \_\_\_\_\_ (provided after initial review)  
*A Utilization Management representative will fax you a notification number by the next business day after receiving this completed form. This notification number does not indicate an approval or denial of benefits, but only proof that the Plan has been notified. This information will be forwarded to the Plan's Managed Care Department. If you have any questions, please call HealthLink at 1-877-284-0102.*

**Provider Information**

Provider Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Patient's DOB: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Ordering Physician Information**

Ordering Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 TIN: \_\_\_\_\_

**Treatment Information**

Primary Procedure: \_\_\_\_\_  
 Procedure (ICD-10) Code(s): \_\_\_\_\_  
 Date of Procedure: \_\_\_\_\_  
 Place of Service: \_\_\_\_\_  
 Pertinent Medical History: (submit history, physical and/or hospital discharge summary with this form) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the functional endoscopic sinus surgery (FESS) for **any one** of the following circumstances below?

- Suspected tumor seen on imaging, physical examination, or endoscopy
- Suppurative (pus forming) complications, including but are not limited to:
  - Subperiosteal abscess
  - Brain abscess
  - Other, please specify \_\_\_\_\_

Benefits depend upon the eligibility of the patient at the time of admission, subject to all other Plan limitations, pre-admission review requirement and prior related claims. Verification of eligibility and description of benefits are based upon the information we have on file and does not guarantee payment.

Chronic polyposis with symptoms unresponsive to medical therapy (please document symptoms and medical management) \_\_\_\_\_

Allergic fungal sinusitis, as indicated by **all** of the following:

- Nasal polyposis; and
- Positive CT findings; and
- Eosinophilic mucus

Mucocele

Recurrent sinusitis that triggers or aggravates pulmonary disease, such as asthma or cystic fibrosis (please explain) \_\_\_\_\_

Does the member have uncomplicated sinusitis (i.e., sinusitis confined to the paranasal sinuses without adjacent involvement of neurologic, soft tissue, or bony structures) **and all** of the following:  YES  NO

Either four or more documented episodes of acute rhinosinusitis (i.e., less than 4 weeks duration) in one year, or chronic sinusitis (i.e., greater than 12 weeks duration) that interferes with lifestyle (please explain) \_\_\_\_\_

Has maximal medical therapy has been attempted, as indicated by **all** of the following:

- Antibiotic therapy for at least 4 weeks; and
- Trial of inhaled steroids; and
- Nasal lavage; and
- Allergy assessment

Are there any abnormal findings from diagnostic work-up, as indicated by **any one** of the following:

- Findings suggestive of obstruction or active infection on CT; or
- Significant obstructive symptoms due to polyposis that persist or recur after oral and topical corticosteroid treatment; or
- Nasal endoscopy findings suggestive of significant disease

Does the member have any of the following dx below?

- Fungal mycetoma
- Failed other sinus surgery
- Cerebrospinal fluid rhinorrhea
- Encephalocele
- Posterior epistaxis (relative indication)
- Persistent facial pain after other causes ruled out (relative indication)

#### Provider Contact Information

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_