Sinus Surgeries
Medicare Advantage Prior Authorization Request Form — Fax: 866-874-0857

ONLY COMPLETED FORMS CAN BE PROCESSED
Harvard Pilgrim reserves the right to request additional clinical information.
Incomplete forms or lack of supporting documentation may delay response time.

Please check the box below only if request meets the definition of "expedited."

☐ Expedited: Medicare defines expedited requests as those where "applying the standard time for making a determination could seriously jeopardize the enrollee's health, life, or ability to regain maximum function."

Member name:	**DOB:**	**Member ID #:**
Requesting provider name:	**Requesting provider NPI #:**	**Requesting provider phone #:**
Requesting provider Fax #:	**Planned date of service:**	**Requested setting:** ☐ **SDC** ☐ **Other (describe):**
Facility name/location:	**Facility NPI #:**	

Click to view *Harvard Pilgrim's Medical Review Criteria for the Sinus Surgeries Policy.*

Requested Procedure (check all codes that apply)			
☐ 31254 ☐ 31255	☐ 31256 ☐ 31267	☐ 31276 ☐ 31295	☐ 31296

Select Diagnosis	**Criteria (check all that apply)**
Acute Rhinosinusitis Frontal Maxillary	☐ Diagnosis confirmed by CT (please submit findings) ***And*** one or more of the following: ☐ Cavernous sinus thrombosis (CT or MRI confirmed) ☐ Facial or orbital cellulitis (on CT or physical exam) ☐ Focal neurological defect (e.g., weakness secondary to brain injury/insult) ☐ Intracranial abscess (CT or MRI confirmed) ☐ Meningitis (LP confirmed) ☐ Orbital or periorbital abscess (on CT or physical exam) ☐ Osteomyelitis of frontal bone (CT or MRI confirmed) ☐ Primary immunodeficiency or immunocompromised (may include conditions secondary to immunosuppressant medication) ☐ Severe persistent pain (despite optimal medical treatment), referable to frontal sinus disease ☐ Barometric sinus symptoms with pain during flying or weather changes and associated narrowing of frontal recess on CT scan

Continued

Chronic Rhinosinusitis Frontal Maxillary	Must have all Diagnosis confirmed by CT (please submit findings) Symptoms for >12 weeks despite medical management (antibiotic therapy and intranasal corticosteroid spray ***or*** (specify contraindication) Contraindication to medical management (submit supporting clinical documentation) _____ _____
Chronic Polyposis	Symptoms despite medical therapy (antibiotic therapy and intranasal corticosteroid spray ***or*** (specify contraindication) Contraindication to medical management (submit supporting clinical documentation
Fracture: Malar eminence Orbital floor Maxillary sinus mass Mucocele ***or*** mucopyocele	CT or xray confirmation required (please submit findings) _____ _____
Recurrent acute rhinosinusitis Frontal Maxillary	Four or more episodes within 1 year (supporting documentation required) _____ _____
Sinus tumor	Imaging, physical examination, or endoscopy confirms the presence of a suspected tumor (supporting documentation required)
Sinusitis	One or more of the following: Allergic fungal sinusitis with nasal polyposis and/or eosinophilic mucous Cerebrospinal fluid rhinorrhea Chronic sinusitis Causing mucocele or cavernous sinus thrombosis Triggering or exacerbating existing pulmonary disease (e.g., asthma [including escalation of medical therapy of asthma], cystic fibrosis); ***or*** Refractory to appropriate medical therapy (may be primary indication for sinus surgery) Epistaxis related to severe septal deformity Fungal mycetoma Encephalocele Persistent facial pain after other causes have been ruled out Posterior epistaxis Suppurative (pus forming) complications including (but not limited to) subperiosteal abscess or brain abscess Uncomplicated sinusitis ***and*** A. All of the following: Interferes with lifestyle and has persisted over 12 weeks duration despite optimal medical management) 4 or more episodes of acute rhinosinusitis (less than 4 weeks duration) within one year

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Sinusitis, *continued*	B. <u>One or more of the following</u>: ☐ CT suggestive of obstruction or infection ☐ Nasal endoscopy suggestive of significant disease ☐ Physical exam suggestive of chronic/recurrent disease (e.g., mucopurulence, erythema, edema, inflammation)
Post Functional Endoscopic Sinus Surgery (FESS) Nasal or sinus cavity debridement authorized up to 4 times during the first 30days post FESS. Date of procedure: _____	Nasal or sinus cavity debridement authorized when documentation confirms any of the following. 30 days post-operative and Synechiae formation Postoperative loss of vision or double vision Cerebrospinal fluid leak (e.g., rhinorrhea) Physical obstruction of the sinus opening related to: ☐ Nasal polyps, unresponsive to oral or nasal steroids ☐ Papilloma, carcinoma or other neoplasm ☐ Allergic fungal sinusitis ☐ Osteomyelitis of frontal bone ☐ Synechiae formation

Describe previous treatments and outcomes, if applicable.

I attest that this form has been completed by me or my designee and that all information is true and correct.	MD name: