Nasal Endoscopy

Adjudication Guideline

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Abstract

For Members

Nasal endoscopy is a minimally invasive, medical procedure. The nasal endoscope is a medical device consisting of a thin, rigid tube with fiber optic cables for bringing in light. The endoscope is then connected to a light source and a video camera to project magnified images on a screen. These endoscopic images can be captured and recorded for documentation for each patient.

For Medical Professionals

Diagnostic nasal endoscopy is a procedure performed to better characterize the anatomy of the nasal cavity and/or paranasal sinuses and to identify sinonasal pathology not afforded by anterior rhinoscopy. It is typically performed in the office setting using rigid or flexible endoscopes, often, but not always with topical decongestion and/or anesthesia.

Functional Endoscopic Sinus Surgery (FESS): is a surgical treatment of nasal polyps, recurrent/ acute, and/or chronic sinus problems. FESS uses nasal endoscopes and other tools to restore.

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Medical Standards & Research

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Nasal Endoscopy

Scope

The scope of this adjudication rule highlights the differentiation between diagnostic nasal endoscopy and FESS and coverage for health insurance plans administered by Daman subject to policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria

1. Medical Indications:

   A. Diagnostic nasal endoscopy
      Common indications include but are not limited to:
      - Evaluate for chronic sinonasal symptoms e.g., mucopurulent drainage, nasal obstruction or congestion, or hyposmia or anosmia.
      - Assess interval response to medical or surgical therapy in patients with chronic sinusitis and recurrent sinusitis (e.g., after treatment with topical nasal steroids, antibiotics, oral steroids, and antihistamines).
      - Monitor for recurrence of nasal polyps.
      - Evaluate epistaxis.
      - Perform endoscopically guided cultures.
      - Antrochoanal polyp.

   B. Functional Endoscopic Sinus Surgery (FESS)
      - Sinus mucoceles
      - Excision of selected tumors
      - Cerebrospinal fluid (CSF) leak closure
      - Foreign body removal
      - Epistaxis control

2. Eligible clinician specialities:

   Eligible clinician specialities

   Otolaryngologists (ENT)

Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
Nasal Endoscopy

Non-Coverage

Nasal endoscopy and procedures will not be covered for visitors plan as per policy terms and conditions.

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT.

Denial codes

<table>
<thead>
<tr>
<th>Code description</th>
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<tr>
<td>Service is not clinically indicated based on good clinical practice</td>
</tr>
<tr>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
</tr>
<tr>
<td>Service /supply may be appropriate , but too frequent</td>
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<tr>
<td>Service(s) is (are) not covered</td>
</tr>
<tr>
<td>Prior approval is required and was not obtained</td>
</tr>
<tr>
<td>Activity/diagnosis inconsistent with clinician speciality</td>
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Appendices

A. References

- http://emedicine.medscape.com/article/1890999-overview?pa=jCRTM1loF9MLR4jIMCUM6%2F60NPI1tEzDFk%2F6tANIHOjVGsIG3RRjodHmjV43X8MwC0EEczwp432Skuf9qw%3D%3D#showall
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4213581/
- https://acsearch.acr.org/docs/69502/Narrative/
- http://bestpractice.bmj.com/topics/en-gb/1130/monitoring
- http://bestpractice.bmj.com/topics/en-gb/14/monitoring
- http://bestpractice.bmj.com/topics/en-gb/15/monitoring

B. Revision History

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<th>Date</th>
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<td>March 12th, 2018</td>
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