



Rule Category:
Medical

Ref: No:
2018-MN-003

Version Control:
Version No.1.0

Effective Date:
11-04-2018

Revision Date:
01-04-2019



Nasal Endoscopy

Adjudication Guideline

Table of content

Abstract Page 1	Scope Page 2	Adjudication Policy Page 2	Denial codes Page 3	Appendices Page 3
---------------------------	------------------------	--------------------------------------	-------------------------------	-----------------------------

Abstract

For Members

Nasal endoscopy is a minimally invasive, medical procedure. The nasal endoscope is a medical device consist 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.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
NA

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.

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.

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

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

Appendices

A. References

- <http://emedicine.medscape.com/article/1890999-overview?pa=JcRTMILfOf9MILR4IiMCUM6%2F6oNpRIIteXDFk%2F6tANIHOjVGSIG3RRjzodHmjV4JX8MwC0EECwzp432Skuf9qw%3D%3D#showall>
- <https://emedicine.medscape.com/article/863420-overview#showall>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4213581/>
- <https://www.oxhp.com/secure/policy/fess.pdf>
- <http://kunkesent.com/Questions.htm>
- <https://www.aaaai.org/Aaaai/media/MediaLibrary/PDF%20Documents/Practice%20and%20Parameters/Nasal-and-sinus-endoscopy-2006.pdf>
- <http://www.imedpub.com/articles/diagnostic-nasal-endoscopy-or-ct-scan-of-paranasal-sinuses-which-one-first.pdf>
- <https://emedicine.medscape.com/article/875244-overview#showall>
- <https://acsearch.acr.org/docs/69502/Narrative/>
- <https://www.guidelinecentral.com/summaries/acr-appropriateness-criteria-sinonasal-disease/#section-420>
- <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

Date	Change(s)
March 12 th , 2018	Release of V1.0