

Nasal Endoscopy

Adjudication Guideline

Rule Category:
Medical

Ref: No:
2018-MN-003

Version Control:
Version No. 1.3

Effective Date:
11/04/2018

Revision Date:
10/12/2024

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines:**
N/A

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1. Abstract

1.1 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.

1.2 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.

2. 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.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

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.

- 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).
- Evaluate for benign and malignant neoplasms of nasal cavity, nasopharynx and sinuses.
- Evaluate epistaxis.
- Perform endoscopically guided cultures.
- Antro choanal 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)

3.2 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.

3.3 Non-Coverage

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

3.4 Payment and Coding Rules

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

4. Denial Codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by the regulators, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
AUTH-001	Prior approval is required and was not obtained
CODE-010	Activity/diagnosis inconsistent with clinician speciality

5. Appendices

5.1 References

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<https://www.guidelinecentral.com/summaries/acr-appropriateness-criteria-sinonasal-disease/#section-420>

5.2 Revision History

Date	Change(s)
12.03.2018	Release of V1.0
01.04.2019	Release of V1.1
30.07.2024	Release of V1.2
28.10.2024	Release of V1.3 Template update and review

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