

## SEPTOPLASTY REVIEW TOOL

### Prior Jusification for Septoplasty

CPT code 30520 ( Septoplasty or submucous resection  
With or with out cartilage scoring, contouring with graft)

**The completed faxed form must contain all the information for an outpatient authorization,  
The office will be called with the authorization number.**

Fax this form to 1-800-280-7346 or call (585) 325-3114

**Directions:**

- (1) Complete Patient/Member and Surgeon information sections (2) Select appropriate medical indication  
(3) Complete the guideline section for indication selected (4) Complete narrative with associated findings

Patient/Member Information			
Last Name:	First Name:	DOB:	
Member ID number:	Secondary insurance:		
Surgeon Information			
Surgeon:	Office phone number:	Provider ID#	
Assistant surgeon (if known):	Fax: Hospital:		
Date of Request:	Date of Surgery:	CPT Code:	ICD-9

Indications	
<input type="checkbox"/> – Nasal obstruction with deviated septum <input type="checkbox"/> – Deviated septum with chronic maxillary rhinosinusitis <input type="checkbox"/> – Deviated septum with recurrent acute maxillary rhinosinusitis <input type="checkbox"/> - Deviated septum with recurrent epistaxis <input type="checkbox"/> – Indication not listed* (*document under narrative)	
Guidelines	
<input type="checkbox"/> – Nasal obstruction with deviated septum ( one) <input type="checkbox"/> Space between the inferior turbinate and septum decreased By > 75% <input type="checkbox"/> Continued obstruction after intranasal corticosteroid spray > 6 weeks  <input type="checkbox"/> Deviated septum with recurrent acute maxillary rhinosinusitis <input type="checkbox"/> Deviated septum by PE ( One) <input type="checkbox"/> Septum touching middle turbinate <input type="checkbox"/> Septum blocking middle meatus <input type="checkbox"/> > 4 episodes within 1 year <input type="checkbox"/> > 1 episode acute rhinosinusitis documented by CT  <input type="checkbox"/> - Deviated septum with recurrent epistaxis	<input type="checkbox"/> – Deviated septum with chronic maxillary rhinosinusitis <input type="checkbox"/> Deviated septum by PE ( One) <input type="checkbox"/> Septum touching middle turbinate <input type="checkbox"/> Septum blocking middle meatus <input type="checkbox"/> Symptoms > 12 weeks (two ) <input type="checkbox"/> Purulent nasal discharge <input type="checkbox"/> Nasal congestion <input type="checkbox"/> Facial pain/ pressure/ fullness <input type="checkbox"/> Decreased sense of smell <input type="checkbox"/> Headache <input type="checkbox"/> Eye pain <input type="checkbox"/> Chronic rhinosinusitis by CT (one) <input type="checkbox"/> Air fluid Levels <input type="checkbox"/> Mucosal thickening > 2 mm <input type="checkbox"/> Opacification <input type="checkbox"/> Continued symptoms/ findings after ABX Rx > 3 weeks

**Narrative:** (include presence of infection/history of infection, non compliance issues related to ABX treatment, CT findings, explanation of an indication not listed\*,

**Physician signature:**

**Date:**

PLEASE NOTE: By signing above, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.

06/11