

NEW YORK HEAD AND NECK INSTITUTE
SINUS SURGERY
PATIENT SURGICAL PRE-CERTIFICATION

Skull Base-Sinus
Surgery Center
 Lenox Hill Hospital/NSLIJ

NAME _____ INSURER _____

Authorization # _____ Date of Surgery _____

ADMISSION TYPE Day Surgery , 23 hr admission , >1 day

ANESTHESIA General MAC LENGTH _____ Hours

PROCEDURE	CPT	FUD	R	L	B
<input type="checkbox"/> Endoscopy with ethmoidectomy, partial	31254	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with ethmoidectomy, total	31255	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with maxillary antrostomy	31256	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with maxillary antrostomy, and removal from maxillary sinus	31267	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with frontal sinus exploration	31276	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with frontal sinus exploration with removal of sinus floor(Draf 2 sinusotomy procedure)	61600-22	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with sphenoidotomy and removal of disease from sinus	31288	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with repair of CSF leak, ethmoid region	31290	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with repair of CSF leak, sphenoid region	31291	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with medial or inferior orbital wall decompression	31292	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with medial and inferior orbital wall decompression	31293	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with medial or inferior orbital wall decompression with optic nerve decompression	31294	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Septoplasty	30520	10			
<input type="checkbox"/> Submucous resection of inferior turbinate	30140	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sinus debridement, X ___ following surgery	31237	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Stereotatic computer assisted	61782/83	0			
<input type="checkbox"/> Osteoplastic frontal sinusotomy, with fat graft and obliteration	31085 15770	60			
<input type="checkbox"/> Maxillectomy, medial endoscopic or open, and total			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Endoscopy with frontal floor-anterior skull base removal, <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> extradural including Lothrop (or Draf 3 procedure)		61600			10
<input type="checkbox"/> Resection or excision, lesion parasellar, clivus of midline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> skull base, extradural		61607			
<input type="checkbox"/> _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDICATIONS

- | | |
|---|--|
| <input type="checkbox"/> Facial pain/pressure | <input type="checkbox"/> Facial congestion/fullness |
| <input type="checkbox"/> Nasal obstruction/blockage | <input type="checkbox"/> Nasal discharge, purulent |
| <input type="checkbox"/> Purulence in nasal cavity | <input type="checkbox"/> Nasal polyps |
| <input type="checkbox"/> Abscess brain/eye | <input type="checkbox"/> Loss of vision |
| <input type="checkbox"/> Failure of prior surgery | <input type="checkbox"/> Failure of medical management |
| <input type="checkbox"/> Cancer of sinus/nasal cavity | <input type="checkbox"/> _____ |

PRIOR TREATMENT

- | | |
|--|---|
| <input type="checkbox"/> Antibiotics, repeated treatment | <input type="checkbox"/> Nasal steroids |
| <input type="checkbox"/> Oral steroids | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> | |

Associated ICD-9 Codes

- 160.2 Neoplasm, maxillary sinus
- 160.3 Neoplasm, ethmoid sinus
- 160.4 Neoplasm, frontal sinus
- 160.5 Neoplasm, sphenoid sinus
- 235.9 Neoplasm, invert papilloma
- 212.0 Neoplasm, nasal/sinus cavity
- 349.81 Cerebrospinal fluid rhinorrhea
- 742.0 Encephalocele/meningocele
- 376.01 Orbital cellulitis, abscess
- 461.1 Acute frontal sinusitis
- 471.8 Nasal sinus polyp NEC
- 473.0 Chronic maxillary sinusitis
- 473.1 Chronic frontal sinusitis
- 473.2 Chronic ethmoidal sinusitis
- 473.3 Chronic sphenoid sinusitis
- 478.1 Cyst or mucocele of sinus
- 117.9 Fungal sinusitis
- 242.0 Graves' disease/exophthalmopathy
- 369.9 Visual loss
- 478.19 Nasal airway obstruction
- 470 Deviated septum
- 478.0 Hypertrophic infer turb

Operating Room

- Surgery date _____
- Reschedule date _____
- Pretesting date _____
- Central booking _____
- Hospital _____
- C0-surgeon _____,MD

- CT scans and chart to physician
- Image guidance scheduled with OR
- CT for Image guidance preop or on admission

Special requirements: _____

Other _____

Computed tomography(CT scan)

History and physical examination

Medical records

Scheduler: _____

**For additional information,
contact 212-**

Phys: _____,MD

PATIENT NAME _____ **page 2**

Date _____

Physician _____

Physical Examination (Nasal Endoscopy):

Imaging- CT - MRI: (date _____, _____)

CT Performed for Image Guidance: (date _____)

Imaging Findings

Sinus	Right	Left
Ethmoid		
Maxillary		
Frontal		
Sphenoid		

Pre-operative Consultation:(check appropriate items)

- Imaging reviewed with patient**
- Indications reviewed with patient**
- Complications reviewed with patient, including but not limited to:**
 - injury to the brain and related structures**
 - injury to the eyes and related structures**
- Nasal model reviewed with patient**
- Alternatives reviewed with patient, including but not limited to:**
 - Observe and return when more symptomatic**
 - Continual medical management**
 - other _____**
- Questions answered _____**

Physician: _____, MD

Notes: