



Important Update: Ear, Nose, and Throat (ENT) Medical Necessity Criteria

Alameda Alliance for Health (Alliance) values our dedicated provider partner community. We have an important update that we would like to share with you.

In 2023, the **MCG 27th guidelines** changed for common ear, nose, and throat (ENT) surgeries like **turbinate resection** and **septoplasty**. One of those major changes is the requirement for the trial of both intranasal steroids and intranasal antihistamines before proceeding with these surgeries. If your patient has a **contraindication for using either intranasal medicines**, or **if a medication is not clinically indicated**, we encourage medical providers to **document these reasons in the clinical note**. We want to ensure that medically necessary ENT prior authorization (PA) requests are reviewed for relevant provider treatment plans and medical management details.

For the **MCG 27th edition criteria for CT imaging of the sinuses**, the utilization review process verifies that one (1) of the following criteria is met:

- Chronic sinusitis (more than 12 weeks of symptoms)
- Fungal infection is suspected or known
- Immunocompetent patient with refractory sinusitis
- Immunosuppressed patient and ALL of the following criteria must be met:
 - Allergies are managed
 - Obstruction and/ or facial pain
 - Symptoms persist despite trial of nasal corticosteroids and saline rinse
 - Symptoms persist despite two (2) courses of antibiotics, and one (1) medication must be Augmentin *unless contraindicated*
 - Symptoms lasted more than four (4) weeks after starting the above therapy
- Polyposis (unilateral on exam)
- Recurrent acute rhinosinusitis (four (4) or more episodes in a year)
- Sinusitis complication (i.e., cellulitis, osteomyelitis, periorbital infections)

Provider notifications will occur when the Alliance adopts the MCG 28th edition in 2024.

The Alliance values the high-quality specialty care offered through your practices for our members.

Questions? Please call the Alliance Utilization Department
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