

1. Name of applying party
2. Name and brief description of service/procedure
3. Reason for application/background information
4. Is this a revision of an existing code, request for reevaluation of an existing code, request for a new code, or inquiry regarding proper coding for new technology?
5. Is the service/procedure FDA approved for the specific use of applicable devices or drugs?
6. Is the service/procedure performed by many physicians/practitioners across the United States?
If not widely practiced, provide names of individuals/centers providing this service.
7. Is the service/procedure currently being reported by one or more existing codes?
If so, which codes are being used?
8. If a new code request, is this for Category I or III?
9. For Category III code requests, please attach the following:
 - A protocol of the study or procedures being performed
(If so, please attach, along with descriptions of current US trials outlining efficacy of the procedure)
 - Support from the specialty societies who would use this procedure;
 - Availability of U.S. peer-reviewed literature for examination by the CPT Editorial Panel.
Please supply electronic copies of any available references and fill in reference grid below, assigning levels of evidence using the table provided.
 - Descriptions of current U.S. trials outlining the efficacy of the procedure.
10. For Category I code requests (new or revised), is the clinical efficacy of the service/procedure well established and documented in U.S. peer-reviewed literature? If so, please supply electronic copies of references and fill in reference grid below. Optimally, 5 references should be submitted, of which at least 3 report the procedure/service in US patient populations. At least 2 articles should report different patient populations or have different, non-overlapping authors. Foreign references are acceptable if published in English **and relevant or applicable to US populations**. Please assign level of evidence for each reference from the table below. Note that, for codes describing new procedures, at least one publication should meet or exceed the criteria for level III.

Level	Type of evidence (based on AHCPH 1992)
Ia	Evidence obtained from meta-analysis of randomized controlled trials
Ib	Evidence obtained from at least one randomized controlled trial
IIa	Evidence obtained from at least one well-designed controlled study without randomization
IIb	Evidence obtained from at least one other type of well-designed quasi-experimental study
III	Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case control studies
IV	Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities
V	Evidence obtained from case reports or case series

References	Level of Evidence Based on LOE Table	U.S. or Foreign Peer Reviewed	U.S. or Foreign Population Studied	Prospective Study	Total Patients Studied
Article #1 (Author, Title, Journal, Year, Volume and Pages)	<i>Insert level #</i>	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Insert #</i>
Provide brief description regarding relevance to CCP*					
Article #2 (Author, Title, Journal, Year, Volume and Pages)	<i>Insert level #</i>	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Insert #</i>
Provide brief description regarding relevance to CCP*					
Article #3 (Author, Title, Journal, Year, Volume and Pages)	<i>Insert level #</i>	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Insert #</i>
Provide brief description regarding relevance to CCP*					
Article #4 (Author, Title, Journal, Year, Volume and Pages)	<i>Insert level #</i>	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Insert #</i>
Provide brief description regarding relevance to CCP*					
Article #5 (Author, Title, Journal, Year, Volume and Pages)	<i>Insert level #</i>	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign	<input type="checkbox"/> U.S. <input type="checkbox"/> Foreign <input type="checkbox"/> Both	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Insert #</i>
Provide brief description regarding relevance to CCP*					
* For each article cited, please provide a brief description of why the specific literature reference is relevant to the CCP (e.g. "This is the hallmark double-blinded controlled study establishing the value of the procedure/service;" "This is a case report describing the procedure/service in detail;" or "This is an opinion statement from a respected authority in the field").					

11. Are there subspecialty societies within our specialty which are supporting this application?
If so, please list, including contact information.
12. Are there subspecialty committees within AAO-HNS which are supporting this application?
If so, please list, including contact information.
13. Are there members of other specialties which may also perform this procedure/service?
If so, please list.

Please return information requested in this application to Jenna Kappel, Director of Health Policy, at JKappel@entnet.org.