# Medical Policy

## Policy Title
Smell Dysfunction Testing

## Policy Number
MP-4.030

| Original Issue Date (Created): | July 1, 2005 |
| Most Recent Review Date (Revised): | April 21, 2009 |
| Effective Date: | April 27, 2010 - RETIRED |

## I. Description/Background

Normal smell is known as normosmia. With smell dysfunction, there can be a variety of presentations to include:
- **Anosmia** - total loss of smell
- **Dysosmia** - distorted sense of smell
- **Parosmia** - aberrant sense of smell

The sense of smell monitors the intake into the body of all nutrients and airborne chemicals required for life. Decreased chemosensation may follow a viral upper respiratory tract infection, which can damage peripheral olfactory sensory cells. Head trauma, nasal polyps, and tumors in the nasal canal can also result in smell impairment. Smell dysfunction can also be due to mechanical obstruction (i.e., rhinosinusitis, allergic rhinitis), aging, drugs, neurologic disease (i.e., Parkinsonism) and autoimmune disorders.

Loss of smell can be very debilitating, placing an individual at risk of toxic exposure in addition to depression, anorexia and weight loss. The loss of taste (ageusia, dysgeusia) is commonly associated with severe loss of smell. Smell loss can be the early sign of a number of diseases, including Parkinson’s disease and Alzheimer’s disease.

The University of Pennsylvania Smell Identification Test (UPSIT) is the most commonly used odor identification test. The UPSIT is an objective, quantitative test of olfactory function consisting of forty (40) odors, which are encapsulated on a pad. The patient scratches one at a time and sniffs, and the odor released has to be identified from a list of four (4) odors. The Connecticut Chemosensory Clinical Research Center (CCCRC) test is another example of a test that examines both the patient’s threshold to detect an odorant and the patient’s ability to distinguish between various odorants. Other tests include: Sniffin’ Sticks” (pen-like odor dispensing devices), the Pocket Smell Test, Smell-Threshold Test, Smell-Suprathereshold Test, and the Smell Unilateral Test.

## II. Definitions

N/A
III. POLICY

Smell dysfunction testing may be considered **medically necessary** where there is an unexplained decrease or distortion in the sense of smell. (Anosmia, Dysosmia)

NOTE: Smell dysfunction testing is usually limited to an initial test and one follow-up test if necessary, typically within one (1) to three (3) months.

*Cross-reference*
N/A

IV. EXCLUSIONS

Any additional testing beyond the second follow-up test is considered **not medically necessary**.

V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member’s contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member’s individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member’s benefit information or contact Capital for benefit information.

VI. DISCLAIMER

Capital’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCES


### MEDICAL POLICY

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Taber’s Cyclopedic Medical Dictionary, 19th edition.


VIII. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated
[Y] = Standard product coverage varies from application of this policy, see below

[N] CHIP POS  [N] Indemnity
[N] PPO       [N] SpecialCare
[N] HMO       [N] POS
[N] CHIP HMO  [N] FEP HMO
[N] SeniorBlue [N] FEP PPO
[N] SeniorBlue PPO

IX. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

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X. POLICY HISTORY

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[Note: Final page is signature page and is kept on file, but not issued with Policy.]