

2011 Imaging Criteria

Computed Tomography (CT), Sinuses⁽¹⁾

ICD-9-CM: 87.03, 87.04

CPT: 70486, 70487, 70488, 76375

I/O Setting: Outpatient

INDICATION(S)

- 100 Acute rhinosinusitis, complicated ♦
- 200 Chronic rhinosinusitis
- 300 Recurrent acute rhinosinusitis ≥ 2 episodes w/in 1 yr
- 400 Suspected sinus malignancy
- 500 Mucocele

100 Acute rhinosinusitis, complicated **[Both]** ♦ ^(2, 3, 4, 5)110 Symptoms **[Two]**

- 111 Purulent nasal discharge
- 112 Nasal congestion
- 113 Facial pain/pressure/fullness
- 114 Decreased sense of smell
- 115 Headache
- 116 Eye pain

120 Complications/complicating factors **[One]**

- 121 Immunocompromised host⁽⁶⁾
- 122 Focal neurologic finding by PE⁽⁷⁾
- 123 Facial cellulitis
- 124 Orbital cellulitis/abscess
- 125 Periorbital abscess
- 126 Meningitis by LP⁽⁸⁾
- 127 Mental status changes by Hx/PE⁽⁹⁾
- 128 Intractable pain after IV Abx Rx ≥ 2 days

200 Chronic rhinosinusitis **[Both]** ^(10, 11, 12)210 Symptoms **[Two]**

- 211 Purulent nasal discharge
- 212 Nasal congestion
- 213 Facial pain/pressure/fullness
- 214 Decreased sense of smell
- 215 Headache
- 216 Eye pain

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- 220 Continued Sx/findings after Abx Rx \geq 2 wks

- 300 Recurrent acute rhinosinusitis \geq 2 episodes w/in 1 yr^(4, 5, 13, 14)

- 400 Suspected sinus malignancy **[One]**
 - 410 Recurrent epistaxis **[Both]**
 - 411 No visible mucosal bleeding site by PE/nasal endoscopy⁽¹⁵⁾
 - 412 Epistaxis \geq 2 episodes by Hx
 - 420 Unilateral facial pain **[All]**⁽¹⁶⁾
 - 421 Constant pain by Hx
 - 422 Duration \geq 2 wks
 - 423 PE normal
 - 424 Nasal endoscopy normal⁽¹⁵⁾
 - 430 Bone destruction/mass effect by sinus x-rays/dental films
 - 440 Soft tissue mass by sinus x-rays/dental films
 - 450 Tumor by PE/nasal endoscopy⁽¹⁵⁾
 - 460 Recurrent unilateral otitis media
 - 470 Anosmia/dysosmia \geq 2 wks^(17, 18)

- 500 Mucocele **[One]**⁽¹⁹⁾
 - 510 Suspected by x-ray/PE/nasal endoscopy^(15, 20)
 - 520 Follow-up of known mucocele **[One]**
 - 521 Post surgery at 6 to 12 mos
 - 522 Post observation for 6 to 12 mos
 - 523 New Sx/findings⁽²¹⁾

Notes

(1)

CT is considered the gold standard for evaluation of the paranasal sinuses and allows for evaluation of inflammatory and mucosal disease, sinonasal polyposis, and anatomic obstruction. CT findings after medical therapy help to determine the need for surgical intervention.

(2)-DEF:

Rhinosinusitis is symptomatic inflammation of the paranasal sinuses and nasal cavity.

(3)

History and physical examination can readily diagnose acute rhinosinusitis. Imaging with CT is generally not indicated unless symptoms persist, there is little response to initial management, complications present, or for use in surgical planning (Meltzer et al., *J Allergy Clin Immunol* 2004; 114(6 Suppl): 155-212; Dykewicz, *J Allergy Clin Immunol* 2003; 111(2 Suppl): 520-529).

(4)

The American Academy of Otolaryngology-Head and Neck Surgery defines major diagnostic criteria for acute rhinosinusitis as purulent nasal discharge with nasal obstruction or congestion, or facial pain, pressure, or fullness, or both. The distribution of facial pain, pressure, or fullness may involve the anterior face, periorbital region, or present as a diffuse or localized headache. The cause may be viral or bacterial. Acute bacterial rhinosinusitis is suspected when symptoms are present for ten days or more, or symptoms worsen after an initial improvement (Rosenfeld et al., *Otolaryngol Head Neck Surg* 2007; 137(3 Suppl): S1-31).

(5)

Minor diagnostic criteria of acute bacterial rhinosinusitis include fever, cough, headache, fatigue, decreased sense of smell, maxillary dental pain, and ear fullness or pressure.

(6)

Immunocompromised hosts are individuals whose immune system is defective either because of a primary underlying immunodeficiency disorder or because of the administration of medications that suppress the immune response.

(7)

Focal neurologic finding refers to a specific deficit that corresponds to a particular area of the brain (e.g., right arm weakness from a left motor cortex insult).

(8)-DEF:

Meningitis is inflammation of the membranes covering the brain and spinal cord usually caused by one of a variety of infectious agents including bacteria, viruses, or fungi.

(9)

Mental status changes include confusion, lethargy, disorientation, somnolence, stupor, and coma.

(10)-DEF:

Chronic rhinosinusitis is defined as the presence of two or more signs or symptoms of sinusitis (e.g., purulent nasal discharge, nasal obstruction or congestion, facial pain, pressure or fullness, decreased sense of smell) and documented inflammation that persists for greater than 12 weeks.

(11)

There has been lack of consensus on the diagnostic criteria for chronic rhinosinusitis. Historically, diagnosis has been based on history, PE, and CT scan, or on nasal endoscopy findings. The American Academy of Otolaryngology-Head and Neck Surgery consensus guidelines attempt to streamline the diagnostic criteria used for defining chronic rhinosinusitis (Rosenfeld et al., *Otolaryngol Head Neck Surg* 2007; 137(3 Suppl): S1-31).

(12)

CT can quantify the extent of inflammation based upon the opacification of the paranasal sinuses. Additionally, CT provides information about sinus anatomy, the osteomeatal complex, nasal septum, turbinates, and the extent of mucosal thickening (Cherry and Li, *Am J Med* 2008; 121(3): 185-189; Rosenfeld et al., *Otolaryngol Head Neck Surg* 2007; 137(3 Suppl): S1-31).

(13)

Historically there has not been consensus on the frequency cutoff for the minimum number of episodes to confirm the diagnosis of recurrent acute rhinosinusitis. The American Academy of Otolaryngology-Head and Neck Surgery guidelines defines recurrent acute rhinosinusitis as at least 4 episodes of acute bacterial rhinosinusitis per year, with an absence of signs or symptoms of rhinosinusitis

between episodes. Each episode should meet diagnostic criteria that includes up to 4 weeks of signs or symptoms of acute rhinosinusitis that are present 10 or more days beyond the onset of upper respiratory symptoms or that worsen within 10 days after initial improvement (Rosenfeld et al., *Otolaryngol Head Neck Surg* 2007; 137(3 Suppl): S1-31).

(14)

CT is done as part of a patient's evaluation and, if indicated, for surgical planning.

(15)

A speculum-assisted examination of the anterior nasal vault (also known as anterior rhinoscopy) is generally performed in addition to a fiberoptic examination.

(16)

The concern is occult malignancy of the sinuses or nasopharynx. Constant pain is unusual with neurologic problems such as tic douloureux or cluster headache.

(17)-DEF:

Anosmia is the absence of smell.

(18)-DEF:

Dysosmia is an impairment in the sense of smell.

(19)-DEF:

A mucocele is a cyst-like structure that forms from the accumulation of mucous secretions and dilates the sinus cavity.

(20)

Although the diagnosis may be suggested by the clinical presentation, past medical history, or PE, radiographic imaging is necessary for accurate analysis of the regional anatomy and the extent of the mucocele (Epstein and Kern, *Otolaryngol Clin North Am* 2008; 41(3): 497-524).

(21)

New symptoms can include the development of severe headaches, visual changes, or neurologic findings.