

Provider Checklist-Outpatient -Imaging

Checklist: Computed Tomography (CT) Sinuses (For CPT codes: 70486, 70487, 70488)

If acute rhinosinusitis present, indicate symptoms and complications/complicating factors including if any of the following is present: immunocompromised host, focal neurologic finding by PE, facial cellulitis, orbital cellulitis/abscess, periorbital abscess, meningitis by LP, mental status changes by Hx/PE, intractable pain after IV Abx Rx \geq 2 days

If chronic rhinosinusitis, indicate symptoms and continued sx/findings after Abx Rx \geq 2 wks

Indicate if recurrent acute rhinosinusitis \geq 2 episodes w/in 1 yr present

If suspected sinus malignancy, indicate presence of following: recurrent epistaxis; unilateral facial pain with type, locations and duration, results of physical exam, nasal endoscopy results; bone destruction/mass effect by sinus x-rays/dental films; soft tissue mass by sinus x-rays/dental films; tumor by PE/nasal endoscopy; recurrent unilateral otitis media; OR anosmia/dysosmia \geq 2 wks

If mucocele present, indicate suspected by x-ray/PE/nasal endoscopy and follow-up of known mucocele including post surgery at 6 to 12 mos, post observation for 6 to 12 mos and New sx/findings