CT Face, Neck and Sinus

When calling Anthem (1-800-533-1120) or using the Point of Care authorization system for a Health Service Review, the following clinical information may be needed to process your request. Being prepared with complete information will help expedite our response.

**Generally with all requests, we will need:**

- Diagnosis or symptoms that the patient is displaying and the duration of symptoms
- Any “rule out” conditions
- Any previous radiological studies and results
- Any previous therapeutic treatment and the results of that treatment

**In some instances we will only need the diagnosis and symptoms. For these conditions, the following information may be asked.**

<table>
<thead>
<tr>
<th>Orbit</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70480</td>
<td>CT orbit, sella or posterior fossa; w/o contrast</td>
</tr>
<tr>
<td></td>
<td>70481</td>
<td>CT orbit, sella or posterior fossa; with contrast</td>
</tr>
<tr>
<td></td>
<td>70482</td>
<td>CT orbit, sella or posterior fossa; w/o contrast followed by contrast</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sinus</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>70486</td>
<td>CT maxillofacial area; w/o contrast</td>
</tr>
<tr>
<td></td>
<td>70487</td>
<td>CT maxillofacial area; with contrast</td>
</tr>
<tr>
<td></td>
<td>70488</td>
<td>CT maxillofacial area; w/o contrast followed by contrast</td>
</tr>
</tbody>
</table>

**Sinusitis**

- Suspected complication like meningitis, brain abscess, osteomyelitis, cellulitis, periorbital infections, CNS empyema, sinus thrombosis)
- Suspected malignancy with
  - Epistaxis without source
  - Persistent pain
  - Bone changes on x-ray
  - Soft tissue density on x-ray
- Chronic sinusitis medically refractory;
  - Symptoms present for >8 weeks (like throat clearing, postnasal drip, bad breath, headache, chronic cough, persistent pain or pressure)
  - At least 2 courses of antibiotics over a 4 week period with one of them being a second generation cephalosporin, a fluoroquinolone, amoxicillin/clavulanate, or clindamycin
  - Failure of nasal corticosteroids and possible oral steroids
  - Adequate management of all allergic conditions
  - Surgical intervention is being considered
- Polyposis
  - Symptomatic nasal lesions or polyps (nasal blockage, hyposmia, sneezing unresponsive to nasal or oral corticosteroids)
  - Evaluation of nasal lesions
- Evaluation of suspected fractures resulting from trauma
- Anosmia (reduction in smell)
- Evaluation of tumor invasion into surrounding bony structures
- Salivary gland disorder with
  - Suspected sialolithiasis as indicated by recent onset of pain or swelling
  - Suspected abscess
  - Chronically painful salivary gland associated with autoimmune disorder such as sarcoidosis
  - Sialoadentis (e.g. viral or bacterial inflammatory disorder)
- Craniofacial malformation evaluation and follow up
- Headache
- Cough

**Orbit/Ear**
- Evaluation of bone abnormalities
- Evaluation of soft tissue
- Proptosis (protrusion of the eyeballs) and vision loss in children and the elderly
- Sudden or progressive proptosis (protrusion of the eyeballs) and vision loss in the adult by ophthalmic evaluation
- Evaluation of temporal bone trauma
- Evaluation of facial nerve anatomy with temporal bone usually before surgery
- Suspected cerebrospinal fluid leak within temporal bone
- Severe graves ophthalmopathy
- Unclear diagnosis especially with unilateral or euthyroid exophthalmos
- Ear/mastoid disease;
  - Acute mastoiditis which may include tenderness, ear discharge, fever, and pain
  - Chronic otitis or mastoiditis which may include chronic ear drum perforation, middle mucosa proliferation, tympanosclerosis or tissue granulation
  - Cholesteatoma
  - Unexplained hearing loss
  - Suspected squamous cell cancer of the ear canal
  - Malignant otitis externa (swelling of external auditory canal) unresponsive to medical management (e.g. drops, antibiotics)
  - Evaluation of congenital deafness
  - Preoperative before cochlear implant
- Pediatric ophthalmic disorders;
  - Orbital or periorbital cysts
  - Orbital pseudo tumor
  - Orbital tumors
  - Intraocular tumors
  - Capillary hemangioma of eye
  - Hypoplasia of optic nerve

**Neck**
- Traumatic injuries e.g. laryngeal fracture
Asses the extent of tracheal compression by a thyroid nodule or goiter

Staging or restaging of neck cancer

Follow up of neck cancer after radiation and chemotherapy

Evaluate suspect nasopharyngeal or parathyroid tumors

Mouth/throat/tongue lesions, inflammatory conditions and malignancies

Thyroid nodules and enlargement;
  - Stage thyroid malignancy
  - Tumor extends outside the thyroid gland
  - Determine extent of substernal goiter

Neck mass/cervical lymphadenopathy with
  - Suspected inflammatory disease
  - Suspected infection
  - Staging of head and neck cancer

Hyperparathyroidism with
  - Primary hyperparathyroidism
  - Negative ultrasound or nuclear scan

**TMJ**

- Evaluation of bony ankylosis, fractures and anomalies
- Evaluation of neoplasia and implants
- Evaluation of fibrous ankylosis, arthritis, inflammatory condition and disk position
- Painful TMJ clicking and masticatory muscle tenderness that increases with function, refractory to conservative therapy
- Limitation of opening in joint that used to click in the past with no relief with conservative therapy
- No structural changes in the joint by panoramic radiography