

CT of Face and Jaw (Maxillofacial area)

Providers can expedite a request by submitting a prior authorization request through e-referral and completing the appropriate questionnaire. If all questions are answered, e-referral will determine the status of the case based on the provider's response. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information.

Code	Description	
***70486	Computed tomography, maxillofacial area, without contrast material	
***70487	Computed tomography, maxillofacial area, with contrast material	
***70488	Computed tomography, maxillofacial area, without contrast material followed by contrast material and further sections	
1.	Does the patient have: **Note: Question #2 is MANDATORY – answer all other questions that are applicable.	
2.	A sinus infection less than three weeks (This refers to a new sinus infection, not a repeat or chronic sinus infection)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	A sinus infection lasting longer than three weeks AND not responding after two courses of antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	More than three sinus infections in 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Pre-op planning for sinus surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Infection in bone of the face?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	History of sinus polyps (tissue growth in the sinus area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Significant facial bone trauma?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Abnormal facial X-rays, CT requested or recommended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Recurrent nosebleeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Chronic nasal airway obstruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
* Sinus CT generally performed without intravenous contrast		
**Tumor imaging generally performed with contrast only		
If the test for the patient is not approved and you think the patient needs the test, please call 1-800-392-2512		
References:		
Moss A, Gamsu G, Genant HK. Computed tomography of the body with magnetic resonance imaging: abdomen and pelvis. 2 nd ed. 1992.		
Lee JK, Sagel SS, Stanley RJ. Computed body tomography with MRI correlation. 3 rd ed. 1998.		
ACR Practice Guidelines and Technical Standards 2007.		
ACR Appropriateness Criteria, Sept. 2007.		

Radiology Questionnaire

Anzai Y, Yueh B. Imaging evaluation of sinusitis: diagnostic performance and impact on health outcome. Neuroimag Clin N Am 2003; 13: 251-263.

Rosenfeld RM, Andes D, Bhattacharyya N, et al. Clinical Practice Guideline: Adult Sinusitis. Otolaryngology-Head and Neck Surgery. 2007; 137: S1-S31.

Okuyemi KS, Tsue TT. Radiologic Imaging in the Management of Sinusitis. American Family Physician. 2002; 66(10): 1882-1886.

Poole MD. Difficulties in Diagnosis and Treatment of Sinusitis. The American Journal of Managed Care. 1999; 5(11) Sup.: S670-S676.

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