

Clinical review is required for adult members (age ≥18). The medical necessity criteria are outlined below.

CPT code: \*31276

## Frontal sinus mass

Frontal sinus mass identified by CT or MRI

## Acute frontal rhinosinusitis, complicated (urgent)

ALL of the following must be met:

1. Rhinosinusitis identified by CT AND EITHER of the following:
  - a. Air fluid levels
  - b. Opacification
2. Complication(s) or complicating factor(s) present as evidenced by ONE or more of the following:
  - a. Immunocompromised host
  - b. Focal neurologic finding
  - c. Facial cellulitis
  - d. Orbital cellulitis or abscess identified by physical examination or by CT
  - e. Periorbital abscess identified by physical examination or by CT
  - f. Meningitis identified by lumbar puncture
  - g. Intracranial abscess identified by CT or by MRI
  - h. Cavernous sinus thrombosis identified by CT or MRI
  - i. Osteomyelitis of frontal bone identified by CT or MRI

## Recurrent acute frontal rhinosinusitis

ALL the following must be met:

1. At least 4 episodes of acute bacterial rhinosinusitis within 1 year AND an absence of signs or symptoms of rhinosinusitis between episodes
2. Frontal sinus involvement identified by CT

## Chronic frontal rhinosinusitis

All the following must be met:

1. TWO OR MORE of the following symptoms for at least 12 weeks:
  - a. Purulent nasal discharge
  - b. Nasal obstruction, blockage or congestion
  - c. Facial pain, pressure or fullness
  - d. Decreased or altered sense of smell
2. Rhinosinusitis identified by CT and ONE or MORE of the following:
  - a. Air fluid levels
  - b. Mucosal thickening greater than 2 mm
  - c. Opacification
3. Continued symptoms after treatment with BOTH of the following:
  - a. Antibiotic treatment at least 3 weeks or not indicated or not tolerated
  - b. Oral corticosteroid therapy for at least 5 days or intranasal corticosteroid spray for at least 3 weeks (unless intranasal corticosteroid spray contraindicated or not tolerated)

## Mucocele or mucopyocele

Mucocele or mucopyocele mass identified by CT or MRI

## References

Change Healthcare's InterQual<sup>®</sup> 2022 Procedures Adult Criteria, Sinusotomy, Frontal, Endoscopic

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