Cohere Medical Policy - Computed Tomography (CT), Face/Sinus

Clinical Policy for Medical Necessity Review

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Policy Information:

Specialty Area: Diagnostic Imaging
Policy Name: Cohere Medical Policy - Computed Tomography (CT), Face/Sinus
Type: [**X**] Adult (18+ yo) | [**X**] Pediatric (0-17 yo)

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Medical Necessity Criteria

Service: Computed Tomography (CT), Face/Sinus

Cohere Health takes an evidence-based approach to reviewing imaging and procedure requests, meaning that sufficient clinical information must be provided at the time of submission to determine medical necessity. Documentation must include a recent and detailed history, physical examination related to the onset or change in symptoms, relevant lab results, prior imaging, and details of previous treatments. Advanced imaging or procedures should be requested after a clinical evaluation by the treating provider, which may include a referral to a specialist.

- When a specific clinical indication is not explicitly addressed in the Cohere Health medical policy, medical necessity will be determined based on established clinical best practices, as supported by evidence-based literature, peer-reviewed sources, professional society guidelines, and state or national recommendations, unless otherwise directed by the health plan.
- Requests submitted without clinical documentation, or those that do not align with the provided clinical information—such as mismatched laterality, body part, or CPT code—may be denied for lack of medical necessity due to insufficient or inconsistent clinical information.
- Repeat diagnostic testing due to technical issues—such as patient motion, incomplete exams, or incorrect imaging sequences—may not be considered medically necessary, as it is the responsibility of the imaging center to deliver appropriate, high-quality studies as originally authorized. Similarly, repeat imaging requested at a different facility based solely on provider preference may not be approved for medical necessity.
- When there are multiple diagnostic or therapeutic procedures requested simultaneously or within the past three months, each will be reviewed independently. Clinical documentation must clearly justify all of the following:
    - The medical necessity of each individual request

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    - Why prior imaging or procedures were inconclusive or why additional/follow-up studies are needed
    - How the results will impact patient management or treatment decisions
- Requests involving adjacent or contiguous body parts may be considered not medically necessary if the documentation demonstrates that the patient's primary symptoms can be adequately assessed with a single study or procedure.
- Cohere Health evaluates imaging exams based on medical necessity, regardless of contrast use. If an initial non-contrast study is completed and the radiologist later determines that contrast is needed to clarify a finding, the original authorization number may be used—provided the contrast-enhanced exam is performed at the same imaging center and within the original request's validity period, unless otherwise directed by the health plan.

Description

Computed tomography (CT) is a common noninvasive imaging modality that allows for the creation of detailed cross-sectional images of the extracranial structures of the head and neck. It allows for the evaluation of the morphology and pathology of osseous and soft tissue structures. It can be performed both with and without contrast, depending on the structures being visualized.[1]

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Medical Necessity Criteria

Indications

Computed tomography (CT), face/sinus (including soft tissues of the extracranial head and neck) is considered appropriate for **ANY** of the following:

- Conditions, known or suspected, including **ANY** of the following[1]:
  - Anatomic abnormalities (e.g., deviated septum), suspected as a cause of patient symptoms, and surgical management is being considered; **OR**
  - Bell's palsy or other facial nerve abnormalities requiring evaluation of the extracranial portion of the nerve (magnetic resonance imaging [MRI] is contraindicated or cannot be performed); **OR**
  - Congenital conditions and craniofacial abnormalities[2]; **OR**
  - Infective sinusitis, and **ANY** of the following is **TRUE**[2-5]:
    - Four or more acute episodes per year and surgery/biologic therapy are contemplated; **OR**
    - Persists following completion of 2 courses of antibiotics; **OR**
    - Acute or subacute rhinosinusitis with a known or suspected complication (e.g., abscess formation, extension to orbits, cavernous sinus, or intracranial involvement); **OR**
    - The patient is immunocompromised, and invasive fungal sinusitis is suspected; **OR**
    - Allergic fungal sinusitis (AFS) suspected, with failed medical treatment or when surgery is contemplated; **OR**
    - Chronic rhinosinusitis, symptomatic (discharge, congestion, anosmia, pain), severity staging or restaging when management change is contemplated; **OR**
  - Suspected osteonecrosis when the patient is on bisphosphonates or post radiation treatments; **OR**
  - Osteomyelitis; **OR**
  - Odontogenic infections with suspected complications (e.g., abscess formation, facial swelling, nerve, sinus involvement); **OR**
  - Unexplained facial swelling (e.g., over the mandible); **OR**
  - Foreign body (suspected), clinically or seen on prior imaging; **OR**
  - Neoplastic conditions for initial staging, treatment planning, response assessment, and surveillance; **OR**
  - Mass or lymphadenopathy when **ANY** of the following is **TRUE**[2]:

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        - Has been present for at least 2 weeks; **OR**
        - Not felt to be due to infection; **OR**
        - Mass does not resolve after treatment with antibiotics for suspected infection; **OR**
        - Lymphadenopathy or mass is larger than 1.5 cm; **OR**
        - Ulceration of skin over the mass; **OR**
    - Mass or lesion detected on laryngoscopy; **OR**
    - Sinonasal polyposis detected on nasal endoscopy with **ALL** of the following[3,6]:
        - The patient is symptomatic; **AND**
        - No relief with appropriate medical therapy (e.g., corticosteroids, antihistamines, antibiotics); **AND**
        - Surgical intervention or biologic therapy is being contemplated; **OR**
    - Known sinonasal polyposis with complications suspected, (e.g., involvement of the orbits); **OR**
    - Noninfectious inflammatory involvement of the sinus is suspected based on clinical history and symptoms (e.g., history of granulomatosis with polyangiitis)[1]; **OR**
    - Salivary stones, suspected, when ultrasound is non-diagnostic or further evaluation is needed[1]; **OR**
    - Salivary gland inflammation (sialadenitis)[1]; **OR**
    - Trigeminal neuralgia with **ANY** of the following[7]:
        - MRI is contraindicated or cannot be performed; **OR**
        - Atypical features present (e.g., symptoms outside of typical short-duration trigeminal nerve distribution pain); **OR**
        - 40 years of age or younger; **OR**
        - Failure of conservative management with failure of at least two concurrent agents (e.g., gabapentin, duloxetine) and surgery is being considered; **OR**
    - Vascular malformations (e.g., arteriovenous malformations)[1,8]; **OR**
- For evaluation of **ANY** of the following symptoms when applicable:
    - Anosmia with **ANY** of the following[9]:
        - Persistent anosmia with nondiagnostic endoscopy; **OR**
        - Abnormal endoscopy with further evaluation needed; **OR**
        - Known or suspected neoplasm; **OR**
        - History of head or facial trauma; **OR**

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    - Cerebrospinal fluid (CSF) leak, confirmed on testing or strong clinical history (e.g., prior trauma or CSF leak that increases after Valsalva maneuvers)[3]; **OR**
    - Epistaxis with failure of conservative management (e.g., nasal packing/tampon, cautery); **OR**
    - Epistaxis with detection of mass, polyp, or other pathology on examination that requires further evaluation[1]; **OR**
- Preoperative, postoperative, and pretreatment evaluation for surgery, radiation, or chemotherapy; **OR**
- Maxillofacial trauma based on history, swelling, prior imaging, and need for further evaluation; **OR**
- Repeat imaging (defined as a repeat request following recent imaging of the same anatomic region with the same or similar modality) will be considered reasonable and necessary if **ALL** of the following are **TRUE**:
    - There are no established guidelines; **AND**
    - **ANY** of the following:
        - There are new or worsening symptoms not addressed in the guidelines, such that repeat imaging would influence treatment; **OR**
        - There is need for a one-time clarifying follow-up of a prior indeterminate finding; **OR**
        - In the absence of change in symptoms, there is an established need for monitoring which would influence management.

Non-Indications

Computed tomography (CT), face/sinus (including soft tissues of the extracranial head and neck) with contrast is not considered appropriate if **ANY** of the following is **TRUE:**[10]

- The patient has undergone advanced imaging of the same body part within 3 months without undergoing treatment or developing new or worsening symptoms[11].

*NOTE: The referring professional and radiologist should discuss the risks and benefits of contrast media administration, including possible prophylaxis, in patients with chronic or worsening kidney disease or severe renal failure.
**NOTE: CT in pregnant patients should be requested at the discretion of the ordering provider and obstetric care provider.
***NOTE: CT in patients with claustrophobia should be requested at the discretion of the ordering provider.

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Definitions

Rhinosinusitis classification by symptom duration:[12]

- **Acute:** symptoms lasting less than 4 weeks
- **Subacute:** symptoms lasting more than 4 weeks but less than 12 weeks
- **Chronic:** symptoms lasting more than 12 weeks

Disclaimer on Radiation Exposure in Pediatric Population

Due to the heightened sensitivity of pediatric patients to ionizing radiation, minimizing exposure is paramount. At Cohere, we are dedicated to ensuring that every patient, including the pediatric population, has access to appropriate imaging following accepted guidelines. Radiation risk is dependent mainly on the patient's age at exposure, the organs exposed, and the patient's sex, though there are other variables. The following technical guidelines are provided to ensure safe and effective imaging practices:

Radiation Dose Optimization: Adhere to the lowest effective dose principle for pediatric imaging. Ensure that imaging protocols are specifically tailored for pediatric patients to limit radiation exposure.[13,14]

Alternative Modalities: Prioritize non-ionizing imaging options such as ultrasound or MRI when clinically feasible, as they are less likely to expose the patient to ionizing radiation. For instance, MRI or ultrasound should be considered if they are more likely to provide an accurate diagnosis than CT, fluoroscopy, or radiography.[13,14]

Cumulative Dose Monitoring: Implement systems to track cumulative radiation exposure in pediatric patients, particularly for those requiring multiple imaging studies. Regularly reassess the necessity of repeat imaging based on clinical evaluation.[13,14]

CT Imaging Considerations: When CT is deemed the best method for achieving a correct diagnosis, use the lowest possible radiation dose that still yields reliable diagnostic images.[13,14]

Cohere Imaging Gently Guideline

The purpose of this guideline is to act as a potential override when clinically indicated to adhere to Imaging Gently and Imaging Wisely guidelines and As

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Low As Reasonably Possible (ALARA) principles.

Level of Care Criteria

Inpatient or Outpatient

Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
70486	Computed tomography (CT), maxillofacial area; without contrast material
70487	Computed tomography (CT), maxillofacial area; with contrast material(s)
70488	Computed tomography (CT), maxillofacial area; without contrast material, followed by contrast material(s) and further sections
76380	Computed tomography, limited or localized follow-up study

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Medical Evidence

Bedernik et al. (2022) conducted a randomized controlled trial (RCT) to assess image quality by comparing single-energy computed tomography (SECT) with automated tube voltage adaptation (TVA) to dual-energy CT (DECT) weighted average images. A total of 80 patients underwent SECT or radiation dose-matched DECT. The effective radiation dose showed no significant difference between the SECT and DECT study groups. Compared to the SECT group, the DECT group exhibited significantly higher contrast-to-noise ratio differences (CNRD) for jugular veins relative to fatty tissue and muscle tissue relative to fatty tissue. However, the CNRD for jugular veins relative to muscle tissue was comparable between groups. Image artifacts were also less pronounced, and overall diagnostic acceptability was higher in the DECT group. Overall, DECT-weighted average images demonstrate superior objective and subjective image quality compared to SECT performed with TVA in head and neck imaging.[15]

Smith-Bindman et al. (2020) performed an RCT to study the efficacy of interventions to lower radiation doses in patients undergoing a CT scan. The RCT included 864,080 adults at 100 facilities who underwent a CT scan, including CT of the head (n = 1,156,657 scans). The study included two primary measures: the percentage of high-dose CT scans and the average effective dose administered at the facility level. The study's secondary measure included the doses received by specific organs. The authors examined the change in outcomes following interventions, contrasting the data with preintervention data, utilizing hierarchical generalized linear models that accounted for temporal patterns and patient attributes. In conclusion, data regarding CT radiation dosage and practical recommendations may improve quality, including significant dose reductions, especially for organ-specific doses.[16]

Aulino et al. (2018) reported on a clinical trial that focused on an assessment tool for the late effect continuum of lymphedema and fibrosis (LEF) for patients with head and neck cancer (HNC) undergoing CT. The tool evaluates areas of soft tissue damage resulting from tumors, surgical interventions, or radiation therapy. The tool analyzed CT scans taken before and after treatment in 10 patients with HNC. The finalized tool comprised 11 elements,

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including the assessment of fat stranding at six specific sites, epiglottic thickness measurement, and measurement of prevertebral soft tissue thickness at C3. A total of 176 CT scans from the 20 patients (with a range of 4-14 scans per patient) were evaluated. The final version of the LEF assessment tool (CT-LEFAT) offers a standardized approach to assess critical sites affected by soft tissue damage. Studies continue to evaluate reliability and validity.[17]

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Policy Revision History/Information

Original Date: May 6, 2022		
Review History		
Version 2	08/20/2024	Annual review and policy restructure.
Version 3	10/30/2024	Edited repeat imaging criteria language
Version 4	08/28/2025	Annual review Updated content layout to align with revised template, including repeat imaging criteria

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