**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: imunocompromised 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 ≥ 2 days

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

 Indicate if recurrent acute rhinosinusitis ≥ 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 ≥ 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