Face and sinuses CT scan may be indicated for 1 or more of the following:

- Salivary gland disorder, as indicated by 1 or more of the following:
  - Suspected sialolithiasis (i.e., salivary gland stones)
  - Suspected salivary gland abscess
  - Chronically painful salivary gland associated with systemic disorder (i.e., sarcoidosis, Sjogren syndrome, AIDS)
  - Sialoadenitis (i.e., viral or bacterial inflammatory disorder)

- Sinusitis, as indicated by 1 or more of the following:
  - Immunocompetent patient with medically refractory sinusitis, as indicated by ALL of the following:
    - Patient has purulent (not clear) nasal drainage.
    - Patient has nasal obstruction or facial or both,
    - Patient has received 2 or more courses of antibiotics, one using second-generation cephalosporin, fluoroquinolone, amoxicillin-clavulanate, or clindamycin.
    - Patient has had trial of nasal corticosteroids,
    - Patient has had adequate management of all allergic conditions,
    - Symptoms have lasted 4 or more weeks following initiation of therapy,
  - Unilateral sinus polyposis on examination or rhinoscopy
  - Suspected complication of sinusitis, as indicated by 1 or more of the following:
    - Meningitis
    - Neurologic deficit
    - Brain abscess
    - Cavernous sinus thrombosis
    - Osteomyelitis
    - Periorbital infections
    - Cellulitis
    - Nasal turbinates that are gray or black, friable, anesthetic, and non-bleeding
    - Erosion of sinus walls on plain x-ray
  - Suspected complication during functional endoscopic sinus surgery (i.e., cerebrospinal fluid leak, orbital hematoma)
  - Suspected malignancy, as indicated by 1 or more of the following:
    - Epistaxis without obvious source
    - Persistent unilateral sinus pain
    - Bone changes on plain x-ray
    - Soft tissue density on plain x-ray
    - Unexplained facial pain
    - Suspicious mass by physical examination or nasal endoscopy
- Evaluation of mandibular invasion by tumor
  - Immunosuppressed patient (i.e., AIDS, chemotherapy) with persistent symptoms suggesting rhinosinusitis
  - Diagnosis and monitoring of sinus manifestations of Wegener granulomatosis
- Staging of nasopharyngeal carcinoma
- Preoperative planning for benign nasal tumors (i.e., inverted papilloma)
- Diagnosis and monitoring of fibro-osseous lesions of sinuses or skull (i.e., osteoma, ossifying fibroma, fibrous dysplasia)
- Evaluation of suspected traumatic fractures, including 1 or more of the following:
  - Maxillofacial bones
  - Orbit
  - Skull base
- Spontaneous cerebrospinal fluid leak (i.e., cerebrospinal fluid rhinorrhea)
- Craniofacial malformation, as indicated by 1 or more of the following:
  - Cleft lip or palate
  - Hemifacial Microsomia
  - Treacher Collins syndrome
  - Other first and second pharyngeal arch disorders
  - Craniosynostosis disorders, such as Apart and Crouzon syndromes

APPROVAL:

August 10, 2011

SMF Medical Director

Date

Approval Summary:
SMF QM/UM Committee
Date: August 10, 2011

SPA Steering Committee
Date: FYI