

04-70450-19

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Reviewed: 06/26/25

Revised: 07/15/25

Subject: Computed Tomography (CT) Temporal Bone/Mastoid and Maxillofacial

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Update			

DESCRIPTION:

Computed tomography (CT) is a radiologic modality that provides clinical information in the detection, differentiation and demarcation of disease. CT is a form of medical imaging that involves the exposure of members to ionizing radiation. CT should only be performed under the supervision of a physician with training in radiation protection to optimize examination safety. Radiation exposure should be taken into account when considering the use of this technology. This guideline addresses the use of CT of the temporal bone/mastoid and maxillofacial for evaluation, diagnosis and management of temporal bone/mastoid and maxillofacial related conditions in the outpatient setting.

Summary and Analysis of Evidence: Computed tomography (CT) is a radiologic modality for evaluating a variety of disorders involving the head and neck including, but limited to congenital anomalies, benign and malignant neoplasms, acute and chronic infectious, trauma, radiation treatment planning, follow-up after surgery, chemotherapy, or radiation therapy, preoperative and intraoperative planning involving the extracranial head and neck, paranasal sinuses, orbits and temporal bone (ACR-ASNR-SPR, 2021).

POSITION STATEMENT:

Computed tomography (CT) of the temporal bone, mastoid, maxillofacial, sinus, orbits, sella, and internal auditory canal **meets the definition of medical necessity** for the following:

NOTE: For temporomandibular joint (TMJ) services and procedures, refer to member's contract benefits.

Indications for sinus & maxillofacial CT

Rhinosinusitis

- Symptoms that persist for more than 4 weeks and are not responding to medical management (e.g., 2 or more courses of antibiotics or any combination of antibiotics, steroids, or antihistamines for more than 4 weeks)
- Clinical suspicion of fungal infection
- Clinical suspicion of complications, such as:
 - Preseptal orbital, or intracranial infection
 - Osteomyelitis
 - Cavernous sinus thrombosis
- Recurrent acute rhinosinusitis with 4 or more annual episodes
- Chronic recurrent sinusitis (symptoms for >12 weeks) not responding to at least 4 weeks of medical management
- If suspected as a cause of poorly controlled asthma (endoscopic sinus surgery improves outcomes)
- To evaluate in the setting of unilateral nasal polyps or obstruction (to evaluate for a potential neoplasm).

Pediatrics rhinosinusitis

- Persistent or recurrent sinusitis not responding to treatment
- Suspicion of orbital or central nervous system involvement
- Clinical suspicion of a fungal infection (more common in immunocompromised children).

Deviated nasal septum, polyp, or other structural abnormality seen on imaging or direct visualization that may be causing significant airway obstruction (if needed to plan surgery or determine if surgery is appropriate).

Suspected sinonasal mass based on exam, nasal endoscopy, or prior imaging with contraindication to MRI or if bony involvement suspected.

Refractory asthma these members benefit from medical treatment and surgery together.

Anosmia or dysosmia noted on objective testing, is persistent, of unknown origin and MRI cannot be performed.

Suspected infection

- Osteomyelitis
- Abscess.

Facial mass

- Present on physical exam and remains non-diagnostic after x-ray or ultrasound is completed; **OR**
- Known or highly suspected head and neck cancer on examination; **OR**
- Failed 2 weeks of treatment for suspected infectious adenopathy.

Facial trauma

- Severe facial trauma.
- Suspected orbital bone fracture with indeterminate x-ray.
- Evaluation of a known fracture for treatment or surgical planning
- CSF (cerebrospinal fluid) rhinorrhea when looking to characterize a bony defect (for CSF otorrhea should be a Temporal Bone CT; for intermittent leaks and complex cases, consider CT/MRI/Nuclear Cisternography). CSF fluid should always be confirmed with laboratory testing (Beta-2 transferrin assay).

Salivary gland

- Suspicion of salivary gland stones or clinical concern for abscess
- Sialadenitis with indeterminate ultrasound or bilateral symptoms.

Granulomatosis with polyangiitis (Wegener's granulomatosis) disease**Suspected osteonecrosis of the jaw**

- Possible etiologies: bisphosphonate treatment, dental procedures, Denosumab, radiation treatment.

Lesion seen on x-ray or other study

- Requiring further characterization (primary or secondary bone tumor, metabolic disorder).

Trigeminal neuralgia/neuropathy (for evaluation of the extracranial nerve course)

- For atypical features (e.g., bilateral, hearing loss, dizziness/vertigo, visual changes, sensory loss, numbness, pain > 2min, pain outside trigeminal nerve distribution, progression).

Pre-operative/procedural evaluation

- Pre-operative evaluation for planned surgery or procedure.

Post-operative/procedural evaluation

- When imaging, physical or laboratory findings indicate surgical or procedural complications

Indications for orbit CT

Abnormal external or direct eye exam

- Exophthalmos (proptosis) or enophthalmos
- Ophthalmoplegia with concern for orbital pathology
- Unilateral optic disk swelling
- Documented visual field defect
 - Unilateral or with optic disc(s) (e.g., optic disc blurring, edema, or pallor); **AND**
 - Not explained by an underlying diagnosis, glaucoma or macular degeneration
- Optic neuritis
 - With an atypical presentation, severe visual impairment or poor recovery following initial onset or treatment onset
 - If needed to confirm optic neuritis and rule out compressive lesions.
- Orbital trauma
 - Physical findings of direct eye injury
 - Suspected orbital trauma with indeterminate x-ray
 - For further evaluation of a fracture seen on x-ray for treatment or surgical planning
- Orbital or ocular mass/tumor, suspected, or known
- Clinical suspicion of orbit infection
- Clinical suspicion of osteomyelitis
 - Direct visualization of bony deformity; **OR**
 - Abnormal x-rays.
- Clinical suspicion of orbital inflammatory disease (e.g., eye pain and restricted eye movement with suspected orbital pseudotumor)
- Congenital orbital anomalies
- Complex strabismus to aid in diagnosis, treatment and/or surgical planning.

Indications for sella CT

- Evaluation of known sellar and parasellar masses
- Suspected pituitary gland disorder
 - Documented visual field defect suggesting compression of the optic chiasm
 - Laboratory findings suggesting pituitary dysfunction
 - Pituitary apoplexy with sudden onset of neurological and hormonal symptoms
 - Follow-up to other imaging suggesting sella (pituitary) mass.

Indications for temporal bone/mastoid/internal auditory canal CT

Hearing loss (documented on audiogram)

- Asymmetric sensorineural hearing loss when MRI is contraindicated
- Conductive or mixed hearing loss
- Congenital hearing loss
- Cochlear implant evaluation.

Tinnitus

- Pulsatile tinnitus
- Unilateral non-pulsatile tinnitus

Ear infection

- Clinical suspicion of acute mastoiditis as a complication of acute otitis media with the following signs or symptom.
 - Systemic illness or toxic appearance
 - Signs of extracranial complications (e.g., postauricular swelling/erythema, auricular protrusion, retro-orbital pain, hearing loss, tinnitus, vertigo, nystagmus)
 - Not responding to treatment.

Note: MRI is also indicated if there are signs of intracranial complications (e.g., meningeal signs, cranial nerve deficits, focal neurological findings, altered mental status). This is most common in the pediatric population.

Chronic otitis media (with or without cholesteatoma on exam)

- Failed treatment for acute otitis media.

Cholesteatoma

CSF otorrhea

- When looking to characterize a bony defect (for intermittent leaks and complex cases consider CT/MR/nuclear cisternography). CSF fluid should always be confirmed with laboratory testing (Beta-2 transferrin assay).

Temporal bone fracture

- Suspected based on mechanism of injury; **OR**
- Indeterminate findings on initial imaging; **OR**

- Further evaluation of a known fracture for treatment or surgical planning.

Vascular indications

- Suspected or known with need for evaluation
 - Dehiscence of the jugular bulb or carotid canal; **OR**
 - Other vascular anomalies of the temporal bone (e.g., aberrant internal carotid artery, high jugular bulb, persistent stapedia artery, aberrant petrosal sinus).

Peripheral vertigo

- Based on clinical exam (head-impulse with saccade, spontaneous unidirectional horizontal nystagmus, Dix-Hallpike maneuver); **AND**
- Persistent symptoms after four weeks of treatment: medication and vestibular therapy (e.g., Epley's maneuvers).

Bell's palsy/hemifacial spasm (for evaluation of the extracranial nerve course)

- If atypical signs, slow resolution beyond three weeks, no improvement at four months, or facial twitching/spasms prior to onset.

Other indications for temporal bone, mastoid, orbits, sella and internal auditory canal CT

Pre-operative/procedural evaluation

- Pre-operative evaluation for a planned surgery or procedure.

Post-operative/procedural evaluation

- When imaging, physical or laboratory findings indicate surgical or procedural complications
- A follow-up study may be needed to help evaluate a member's progress after treatment, procedure, intervention, or surgery. Documentation requires a medical reason that clearly indicates why additional imaging is needed for the type and area(s) requested.

BILLING/CODING INFORMATION:

CPT Coding:

70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material
70481	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)
70482	Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections

70486	Computed tomography, maxillofacial area; without contrast material
70487	Computerized axial tomography, maxillofacial area; with contrast material(s)
70488	Computerized axial tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections
76380	Computed tomography, limited or localized follow-up study

REIMBURSEMENT INFORMATION:

Reimbursement for computed tomography (70480 – 70488, 76380) performed on the same anatomical area is limited to two (2) computed tomography (70480 – 70488, 76380) within a 6-month period. Computed tomography (70480 – 70488, 76380) in excess of two (2) computed tomography (70480 – 70488, 76380) within a 6-month period are subject to medical review of documentation to support medical necessity. Documentation should include radiology reason for study, radiology comparison study-date and time, radiology comparison study observation, radiology impression, and radiology study recommendation.

Reimbursement for computed tomography (70480 – 70488, 76380) for an oncologic condition undergoing active treatment or active treatment completed within the previous 12 months on the same anatomical area is limited to four (4) computed tomography (70480 – 70488, 76380) within a 12-month period. Computed tomography (70480 – 70488, 76380) for an oncologic condition in excess of four (4) computed tomography (70480 – 70488, 76380) within a 12-month period are subject to medical review of documentation to support medical necessity. Documentation should include radiology reason for study, radiology comparison study-date and time, radiology comparison study observation, radiology impression, and radiology study recommendation.

Re-imaging or additional imaging of the head or brain due to poor contrast enhanced exam or technically limited exam is the responsibility of the imaging provider.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for computed tomography (CT) of the temporal bone/mastoid and maxillofacial.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology reason for study	18785-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology comparison study-date and time	18779-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology comparison study observation	18834-2	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology-study observation	18782-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology-impression	19005-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Radiology study-recommendation (narrative)	18783-1	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

PROGRAM EXCEPTIONS:

Federal Employee Plan (FEP): Follow FEP guidelines.

Medicare Advantage products:

No Local Coverage Determination (LCD) was found at the time of the last guideline reviewed date.

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Computed Tomography, (220.1) located at [cms.gov](https://www.cms.gov).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

DEFINITIONS:

Mastoiditis: inflammation of the mastoid antrum and air cells.

Neuritis: inflammation of a nerve, with pain and tenderness, anesthesia and paresthesias, paralysis, wasting, and disappearance of the reflexes.

Osteomyelitis: inflammation of a bone caused by infection, usually by a pyogenic organism, although any infectious agent may be involved. It may remain localized or may spread through the bone to involve marrow, cortex, cancellous tissue, and periosteum.

Proptosis (exophthalmos): abnormal protrusion of the eyeball.

Pseudotumor: an enlargement that resembles a tumor; it may result from inflammation, accumulation of fluid, or other causes, and may or may not regress spontaneously.

Sinusitis: inflammation of a sinus, usually a paranasal sinus, it may be purulent or nonpurulent, acute or chronic.

RELATED GUIDELINES:

[Computed Tomography to Detect Coronary Artery Calcification, 04-70450-02](#)

[Computed Tomographic Angiography \(CTA\), 04-70450-03](#)

[Computerized Axial Tomography \(CT\), Head/Brain 04-70450-18](#)

[Computerized Axial Tomography \(CT\), Temporal Bone/Mastoid & Maxillofacial 04-70450-19](#)

[Computerized Axial Tomography \(CT\), of the Neck for Soft Tissue Evaluation 04-70450-20](#)

[Computerized Axial Tomography \(CT\), Thorax 04-70450-21](#)

[Computerized Axial Tomography \(CT\) Abdomen & Pelvis 04-70450-22](#)

[Computerized Axial Tomography \(CT\), Spine \(Cervical, Thoracic, Lumbar\) 04-70450-23](#)

[Computerized Axial Tomography \(CT\), Extremity \(Upper & Lower\) 04-70450-24](#)

[Whole Body Computed Tomography \(CT\), 04-70450-25](#)

OTHER:

Other name used to report computed tomography (CT):

CAT scanning

Pediatric Examinations

The use of CT in pediatric examinations requires assessment of the risks, benefits and use of the studies. The lowest possible radiation dose consistent with acceptable diagnostic image quality should be used in pediatric examinations. Radiation doses should be determined periodically based on a reasonable sample of pediatric examinations. Technical factors should be appropriate for the size and the age of the child and should be determined with consideration of parameters (e.g., characteristics of the imaging system, organs in the radiation field, lead shielding).

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12. Expert Panel on Neurologic Imaging: Sharma A, Kirsch CFE, Aulino JM, et al. ACR Appropriateness Criteria® Hearing Loss and/or Vertigo. *J Am Coll Radiol*. 2018 Nov;15(11S): S321-S331.
13. Expert Panel on Pediatric Imaging: Tekes A, Palasis S, Durand DJ, et al. ACR Appropriateness Criteria® Sinusitis-Child. *J Am Coll Radiol*. 2018 Nov;15(11S): S403-S412.
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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 06/26/25.

GUIDELINE UPDATE INFORMATION:

08/15/09	New Medical Coverage Guideline.
01/01/10	Revised Florida Blue Radiology Management program exception section.
07/15/11	Annual review; revised course of treatment for sinusitis (added unresponsive to 3 documented courses), added 76380, revised limitation to two (2) within a 6-month period and updated references.
10/01/11	Revision; formatting changes.
05/15/12	Revised and expanded position statement for sinusitis; clarified documented courses of medical management, added immunocompromised conditions, adjunct to imaged guided sinus exploration surgery, follow-up after treatment, procedure, intervention or surgery and recurrent asthma. Deleted but is not limited to. Updated references.
09/15/13	Scheduled review; MCG subject changed to "Computed Tomography (CT) Temporal Bone/Mastoid and Maxillofacial". Added chronic otitis media and evaluation of acoustic neuroma or other lesion of the 7th or 8th cranial nerve to temporal bone and mastoid section. Deleted "face" section; replaced with "maxillofacial, sinus and orbit". Deleted heading "sinusitis"; replaced with "sinus". Added deviated nasal septum or structural abnormality seen on imaging or direct visualization with airway obstruction and Wegener's granulomatosis (suspected or known, may be present as rhinosinusitis) to sinus section. Added Medicare Advantage program exception and updated references.
01/01/14	Review/revision. Added if MRI is contraindicated or is unable to be performed to optic neuritis, pituitary adenoma and perisellar bony structures for evaluation of certain sellar tumors, and assessment of trauma (e.g., suspected facial bone fractures). Changed

	clouded sinuses to opaque sinuses and changed Wegener's granulomatosis to Granulomatosis with polyangitis (Wegener's). Deleted melanoma (ocular tumor).
01/01/15	Scheduled review; added indications for sella and definition for sella turica. Added limitation statement for an oncologic condition; limited to four (4) computed tomography within a 12-month period. Updated references.
11/15/15	Revised indications for temporal bone mastoid, maxillofacial and sinus, orbital and sella. Added indication for combination of studies with sinus CT. Updated references.
03/15/18	Revision; revised position statement (temporal bone and mastoid, maxillofacial & sinus, orbit and sella). Added position statement for combination studies and internal auditory canal. Updated references.
11/15/19	Revised position statements for (maxillofacial and sinus, tumor, trauma, evaluation (pre-operative, post-operative), other indications for sinus and maxillofacial CT, orbit). Added deep space infections or abscesses of the pharynx or neck, temporal/mastoid/internal auditory canal, hearing loss, tinnitus, other indications). Deleted temporal bone and mastoid, maxillofacial and sinus, orbits and sella. Updated references.
04/15/20	Review/revision. Revised and expanded position statements for sinus, maxillofacial, temporal, mastoid and internal auditory canal. Added indication and criteria for: osteomyelitis, face mass, rhinosinusitis, facial trauma, salivary gland stones, anosmia, granulomatosis, deviated nasal septum, polyp or other structural abnormality, abnormal external or direct exam, ocular tumor, ear infection, chronic otitis media. Added indication: fungal infection and refractory asthma.
03/15/22	Review/revision. Revised and expanded indications for: sinus & maxillofacial, rhinosinusitis, facial trauma, salivary gland, granulomatosis, facial trauma, and salivary gland. Added indication and criteria for: pediatric rhinosinusitis, deviated nasal septum, polyp, other structural abnormality, suspected sinonasal mass, refractory asthma, anosmia or dysosmia, infection, facial mass, osteonecrosis of the jaw, lesion, trigeminal neuralgia/neuropathy, orbit-abnormal external or direct eye exam, orbital trauma, combination studies with orbit CT, tinnitus, CSF otorrhea, temporal bone fracture, vascular indications, and Bell's palsy/hemifacial spasm. Revised: granulomatosis, sinus CT/chest CT, indications for (orbit CT, sella CT), ear infection, peripheral vertigo, and post-operative/procedural evaluation. Added indication: cholesteatoma. Updated references.
05/20/22	Revise orbit CT.
07/01/22	Revision to Program Exceptions section.
04/15/23	Review: position statements and references updated.
08/21/23	Update to Program Exceptions section.
07/15/24	Review; no change in position statement.
07/15/25	Review; no change in position statement.