

▲ Measure #334: Adult Sinusitis: More than One Computerized Tomography (CT) Scan Within 90 Days for Chronic Sinusitis (Overuse)

**2014 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY**

DESCRIPTION:

Percentage of patients aged 18 years and older with a diagnosis of chronic sinusitis who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after date of diagnosis

INSTRUCTIONS:

This measure is to be reported at **each visit** for patients with chronic sinusitis during the reporting period. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry

ICD-9-CM/ICD-10-CM diagnosis codes, CPT codes and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:

All patients aged 18 years and older with a diagnosis of chronic sinusitis

Definition:

Chronic Sinusitis/Rhinosinusitis - is defined as twelve (12) weeks or longer of two or more of the following signs and symptoms: mucopurulent drainage (anterior, posterior, or both), nasal obstruction (congestion), facial pain-pressure-fullness, or decreased sense of smell AND inflammation is documented by one or more of the following findings: purulent (not clear) mucus or edema in the middle meatus or ethmoid region, polyps in nasal cavity or the middle meatus, and/or radiographic imaging showing inflammation of the paranasal sinuses.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 18 years on date of encounter

AND

Diagnosis for chronic sinusitis (ICD-9-CM) [for use 1/1/2014-9/30/2014]: 473.0, 473.1, 473.2, 473.3, 473.8, 473.9

Diagnosis for chronic sinusitis (ICD-10-CM) [for use 10/01/2014-12/31/2014]: J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9

AND

Patient encounter during reporting period (CPT): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

NUMERATOR:

Patients who had more than one CT scan of the paranasal sinuses ordered or received within 90 days after date of diagnosis

Numerator Instructions: A lower calculated performance rate for this measure indicates better clinical care or control. A lower percentage, with a definitional target approaching 0%, indicates appropriate use of CT in cases of chronic sinusitis (eg, not ordering more than one CT scan within 90 days after the date of diagnosis).

Numerator Options:

More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis, reason not given (G9352)

OR

More than one CT scan of the paranasal sinuses ordered or received within 90 days after the date of diagnosis for documented reasons (e.g., patients with complications, second CT obtained prior to surgery, other medical reasons) (G9353)

OR

One CT scan or no CT scan of the paranasal sinuses ordered within 90 days after the date of diagnosis (G9354)

RATIONALE:

In contrast to acute or isolated cases of sinusitis, chronic or recurrent sinusitis may benefit from additional diagnostic evaluation (eg, CT scan, nasal endoscopy) and management to corroborate a diagnosis and/or investigate for underlying causes. When endoscopic sinus surgery is considered in patients with recurrent or chronic sinusitis, a CT of the paranasal sinuses should be obtained to provide the anatomic detail necessary to guide the surgery. Multiple CT scans, however, are not indicated for chronic sinusitis patients due to risk of radiation overexposure and the fact that sinusitis cannot be diagnosed on the basis of imaging findings alone.

CLINICAL RECOMMENDATION STATEMENTS:

The following evidence statements are quoted verbatim from the referenced clinical guidelines:
AAO-HNS Sinusitis Guideline (2007)

Diagnostic Testing

The clinician should corroborate a diagnosis and/or investigate for underlying causes of chronic Rhinosinusitis and recurrent acute rhinosinusitis.

Recommendation based on observational studies with a preponderance of benefit over harm.

Radiographic Imaging

The clinician should obtain computed tomography (CT) of the paranasal sinuses in diagnosing or evaluating a patient with chronic rhinosinusitis or recurrent acute Rhinosinusitis (AAO-HNS, 2007).

Recommendation based on diagnostic and observational studies and a preponderance of benefit over harm.

American College of Radiology ACR Appropriateness Criteria®: Sinonasal Disease (ACR, 2009): Recurrent acute or chronic rhinosinusitis (possible surgical candidate)

Radiologic Procedure: CT paranasal sinuses without contrast

Rating: 9

RRL* : 0.1-1 mSv

Comments: Consider using surgical planning protocol.

Radiologic Procedure: CT paranasal sinuses with contrast

Rating: 4

RRL* : 0.1-1 mSv

Radiologic Procedure: MRI head and paranasal sinuses without and with contrast

Rating: 3

RRL* : 0 mSv

Comments: See statement regarding contrast in text under "Anticipated Exceptions."

Radiologic Procedure: MRI head and paranasal sinuses without contrast

Rating: 2

RRL* : 0 mSv

Radiologic Procedure: X-ray paranasal sinuses

Rating: 1

RRL* : <0.1 mSv

Comments: May be indicated for planning frontal sinus obliteration.

Rating Scale: 1, 2, 3 Usually not appropriate; 4, 5, 6 May be appropriate; 7, 8, 9 Usually appropriate

*Relative Radiation Level