



### **AAO13: Bell's Palsy: Inappropriate Use of Magnetic Resonance Imaging or Computed Tomography Scan**

**High Priority Status:** Yes / Appropriate Use

**CBE Number:** N/A

**Measure Description:**

Percentage of patients aged 16 years and older with a new onset diagnosis of Bell's palsy who had a magnetic resonance imaging (MRI), or a computed tomography (CT) scan of the internal auditory canal, head, neck, or brain ordered within 3 months after diagnosis.

**Instructions:**

This measure is to be submitted a minimum of **once per performance period** for patients with a new onset of Bell's Palsy during the performance period. This measure may be submitted by clinicians based on the measure-specific denominator coding.

**Denominator:**

All patients aged 16 years and older with a new onset diagnosis of Bell's palsy.

**Denominator Note:**

To meet the denominator criteria, a patient must have a visit with a documented diagnosis of new onset Bell's Palsy (G51.0). Due to the wide variation in the use of ICD-10 code, G51.0, the code description will be evaluated to confirm Bell's Palsy.

**Denominator Exclusions:**

None

**Denominator Criteria:**

Patient aged 16 years and older

**AND**

Diagnosis: [Bell's Palsy \(new onset\)](#)

**AND**

Patient Visit: [Encounter Visit](#)

[For a list of codes that qualify as denominator eligible visits, reference Addendum attached.](#)

**Numerator:**

Patients who had an MRI or CT scan of the internal auditory canal, head, neck, or brain ordered within 3 months after diagnosis.

**Numerator Note:**

To meet the intent of the measure, the patient with a diagnosis of Bell's Palsy should not receive routine diagnostic imaging within the expected 3-month recovery time frame unless a denominator exception is met signifying that a patient has features atypical of Bell's palsy.

INVERSE MEASURE - A lower calculated performance rate for this measure indicates better clinical care or control. The "Performance Not Met" numerator option for this measure is the representation of the better clinical quality or control. Submitting that numerator option will produce a performance rate that trends closer to 0%, as quality increases. For inverse measures, a rate of 100% means all of the denominator eligible patients did not receive the appropriate care or were not in proper control.

**Denominator Exceptions:**

Medical reason(s) for ordering an MRI or CT scan of the internal auditory canal, head, neck, or brain for the primary diagnosis of Bell's palsy including:

Empowering otolaryngologist-head and neck surgeons to deliver the best patient care

- Patients with a diagnosis of Bell's palsy more than 3 months prior to the date of the referral or performance of imaging with no signs of recovery.
- Patients with recurrent diagnosis of Bell's palsy.
- Patients with paralysis limited to a specific branch, or branches, of the facial nerve.
- Patients with paralysis associated with other cranial nerve abnormalities, including olfactory nerve, glossopharyngeal nerve, vagus nerve, and hypoglossal nerve.
- Patients with other diagnosed neurological abnormalities, including simultaneous sudden hearing loss, tinnitus, and/or dizziness; stroke; tumor; seizures; extremity weakness; and/or extremity hypoesthesia.

### **Measure Classifications**

Submission Pathway: Traditional MIPS

Measure Type: Process

High Priority Type: Appropriate Use

Meaningful Measures Area: Appropriate Use of Healthcare

Care Setting(s): Ambulatory Care: Clinician Office/Clinic

Includes Telehealth: Yes

Number of Performance Rates: 1

Inverse measure: Yes

Continuous measure: No

Proportional measure: Yes

Ratio measure: No

Risk Adjusted measure: No

### **Clinical Recommendation Statement:**

Clinicians should not routinely perform diagnostic imaging for patients with new-onset Bell's palsy. Expanding on the initial recommendations, recent evidence and practice patterns further support the approach of withholding advanced imaging during the first weeks of new-onset Bell's palsy in the absence of atypical features.

Observational data indicate that the majority of patients with classic presentations recover spontaneously, with more than two-thirds achieving complete recovery without the need for imaging or laboratory workup. Imaging is most often reserved for cases with atypical presentations, such as progressive symptoms, recurrent episodes, or additional neurologic deficits, or when there is incomplete recovery after several weeks to months. MRI findings in acute Bell's palsy (within 7 days) may show facial nerve enhancement, but this does not alter management in typical cases and is not required for diagnosis.

Therefore, the consensus in the medical literature is to withhold advanced imaging for at least the first 3 months unless atypical features or lack of improvement prompt further evaluation. Advanced imaging should be obtained sooner than 3 months in patients with new onset of Bell's palsy if there are features atypical for Bell's palsy, such as recurrent paralysis on the same side, paralysis limited to isolated branches of the facial nerve, involvement of other cranial nerves, or a suggestive history (e.g., trauma or tumor).

Baugh RF, Basura GJ, Ishii LE, et al. Clinical practice guideline: Bell's palsy. *Otolaryngology Head Neck Surg.* 2013;149(3 Suppl):S1-S27. doi:10.1177/0194599813505967

### **Rationale:**

A large portion of patients with Bell's Palsy will undergo nonindicated diagnostic testing and treatments prior to referral to a specialist. The routine use of diagnostic imaging is not recommended at the time of initial presentation of these patients. MRI and CT scans have some risks as well as considerable cost. Accordingly, the American College of Radiology (ACR) advises against imaging unless there is a clear medical benefit outweighing any associated risk.

The rationale for this recommendation is that routine imaging does not alter management, may lead to unnecessary further testing due to incidental findings, and exposes patients to unnecessary cost and potential risks (e.g., radiation, contrast reactions). Imaging is reserved for cases where the clinical course is not typical for Bell's palsy or when recovery is not observed within the expected timeframe.

American College of Radiology. ACR statement on recent studies regarding CT scans and increased cancer risk.[http://gm.acr.org/MainMenuCategories/media\\_room/FeaturedCategories/PressReleases/StatementonRecentStudiesRegardingCTScans.aspx](http://gm.acr.org/MainMenuCategories/media_room/FeaturedCategories/PressReleases/StatementonRecentStudiesRegardingCTScans.aspx). Accessed 8.24.2017.

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**Supporting Clinical Practice Guideline (CPG):**

For more details, reference the [Clinical Practice Guideline: Bell's Palsy \(2013\)](#)

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## Addendum

Encounter Visit			
Measure Element	Code Type	Code	Code Description
Denominator – Discharge Services	CPT	99217	Observation care
Denominator – Initial Hospital Observation Care	CPT	99218	Initial observation care
Denominator – Initial Hospital Observation Care	CPT	99219	Initial observation care
Denominator – Initial Hospital Observation Care	CPT	99220	Initial observation care
Denominator – Office Consultation	CPT	99242	Office or other outpatient consultation
Denominator – Office Consultation	CPT	99243	Office or other outpatient consultation
Denominator – Office Consultation	CPT	99244	Office or other outpatient consultation
Denominator – Office Consultation	CPT	99245	Office or other outpatient consultation
Denominator – Office or Other Outpatient Visit	CPT	99202	Office or other outpatient visit
Denominator – Office or Other Outpatient Visit	CPT	99203	Office or other outpatient visit
Denominator – Office or Other Outpatient Visit	CPT	99204	Office or other outpatient visit
Denominator – Office or Other Outpatient Visit	CPT	99205	Office or other outpatient visit
Denominator – Office Visit	CPT	99202	Office or other outpatient visit
Denominator – Office Visit	CPT	99203	Office or other outpatient visit

Denominator – Office Visit	CPT	99204	Office or other outpatient visit
Denominator – Office Visit	CPT	99205	Office or other outpatient visit
Denominator – Office Visit	CPT	99211	Office or other outpatient visit
Denominator – Office Visit	CPT	99212	Office or other outpatient visit
Denominator – Office Visit	CPT	99213	Office or other outpatient visit
Denominator – Office Visit	CPT	99214	Office or other outpatient visit
Denominator – Office Visit	CPT	99215	Office or other outpatient visit
<b>Bell's Palsy</b>			
Denominator – Bell's Palsy	ICD9CM	351	Bell's palsy
Denominator – Bell's Palsy	SNOMEDCT	12239621000119100	Bells palsy of left side of face (disorder)
Denominator – Bell's Palsy	SNOMEDCT	12239621000119100	Bells palsy of right side of face (disorder)
Denominator – Bell's Palsy	SNOMEDCT	193093009	Bell's palsy (disorder)
Denominator – Bell's Palsy	ICD10CM	G51.0	Bell's palsy