



Medical Management Guideline

Title: Use of Computed Tomography for Evaluation of Nasal Septum Deviation	Pages: 2
Department: Medical Management	Subsection:
Policy Reference: <ol style="list-style-type: none">1. Uptodateonline. Structural Causes of Nasal Symptoms: An Overview.2. Lebowitz R A, MD, Doud Galli S K, MP, PhD, Holliday R A, MD, Jacobs J B, MD. Nasal Septal Deviation. A Comparison of Clinical and Radiological Evaluation. Department of Otolaryngology and the Department of Radiology, New York University School of Medicine (2001).3. MedPie.com Beyond Health Headlines. http://www.medpie.com/top-health-stories/featured-articles/ct-septum.html	Effective Date: February 01, 2010
Purpose: Define current policy guidelines for the authorization of CT scans for the evaluation and management of nasal septum deviation.	

POLICY STATEMENT: Face and sinus computed tomography (CT) scanning requires prior authorization and must meet criteria for approval. The Milliman Care Guidelines are currently used for the authorization of face and sinus CT scans. These guidelines, however, do not specifically address the use of CT scan for the evaluation of nasal septum deviation.

Deviation of the nasal septum is one of the most common causes of nasal obstruction. (1) Deviation can be the result of minor or blunt trauma, damage to the septum at birth, or simply the normal aging process of the nasal cartilage. (1) Clinically, adequate evaluation of the nasal septum can be achieved using anterior rhinoscopy and fiberoptic nasal endoscopy. (2) There is no clinical indication for radiologic evaluation of septal deviation unless in the presence of chronic rhinosinusitis, in which case CT scanning is warranted. (2) As the nasal septum is composed of cartilaginous tissues, CT scans do not provide significant information, assist with surgical planning or provide any supplementation to what is not seen on nasal endoscopy. (3)

OPERATING PROTOCOL:

For the evaluation of nasal septum deviation in the absence of chronic rhinosinusitis and suspicion of fracture, face and sinus CT scanning is NOT indicated.

REVISION HISTORY

Date	Reason for Change
10/18/2010	Updated reviewers
2/1/2010	New Criteria

Reviewed and Approved by: (Signatures on file)

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