

**Health Technology Clinical Committee  
Draft Findings and Decision**

**Topic:** Imaging for Rhinosinusitis  
**Meeting Date:** May 15, 2015  
**Final Adoption:** July 10, 2015

**Meeting materials and transcript are available on the HTA website:**  
[www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterial](http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterial)

**Number and Coverage Topic:**

20150515A – Imaging for Rhinosinusitis

**HTCC Coverage Determination:**

Imaging for Rhinosinusitis is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

**HTCC Reimbursement Determination:**

**Limitations of Coverage**

**Imaging with Sinus Computed Tomography (CT) is covered in the context of rhinosinusitis for the following:**

- a. Red Flags\* OR
- b. Persistent Symptoms\*\* > 12 weeks AND failure of medical therapy; OR
- c. Surgical planning.
- d. Repeat scanning is not covered except for Red Flags or Surgical Planning.

**Magnetic Resonance Imaging (MRI) of the sinus is covered in the context of rhinosinusitis for the following:**

- a. As above for sinus CT AND < 18 years of age OR pregnant.

**\* Red Flags in the setting of Rhinosinusitis:** (From American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS))

- Swelling of orbit
- Altered mental status
- Neurological findings
- Signs of meningeal irritation
- Severe headache

- Signs of intracranial complication, including, but not limited to:
  - Meningitis,
  - Intracerebral abscess
  - Cavernous sinus thrombosis
- Involvement of nearby structures, including, but not limited to:
  - Periorbital cellulitis

**\*\* Persistent Symptoms defined as  $\geq$  two of the following: (From AAO-HNS)**

- Facial pain-pressure-fullness
- Mucopurulent drainage
- Nasal obstruction (congestion)
- Decreased sense of smell

**Non-Covered Indicators**

Imaging of the sinus for rhinosinusitis using X-Ray OR Ultrasound is not covered.

**Agency Contact Information:**

| Agency                       | Phone Number   |
|------------------------------|----------------|
| Labor and Industries         | 1-800-547-8367 |
| Public Employees Health Plan | 1-800-200-1004 |
| Washington State Medicaid    | 1-800-562-3022 |

**HTCC Coverage Vote and Formal Action**

***Committee Decision***

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee concluded that the current evidence on Imaging for Rhinosinusitis demonstrates that there is sufficient evidence to cover. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. Based on these findings, the committee voted to cover with conditions Imaging for Rhinosinusitis.

|                            | <b>Not Covered</b> | <b>Covered Under Certain Conditions</b> | <b>Covered Unconditionally</b> |
|----------------------------|--------------------|---|--------------------------------|
| Imaging for Rhinosinusitis | 0                  | 10                                      | 0                              |

***Discussion***

The Chair called for discussion of conditions of coverage for Imaging for Rhinosinusitis following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

**Limitations of Coverage:**

**Imaging with Sinus Computed Tomography (CT):**

- a. Red Flags\*;
- b. Persistent Symptoms\* >12 weeks and failure of medical therapy; or
- c. Surgical planning
- d. Repeat scanning is not covered except for Red Flags or Surgical Planning.

\* Persistent Symptoms defined as  $\geq$  two of the following: (From AAO-HNS)

- o Facial pain-pressure-fullness
- o Mucopurulent drainage
- o Nasal obstruction (congestion)
- o Decreased sense of smell

\* Red Flags in the setting of Rhinosinusitis: (From AAO-HNS )

- o Swelling of orbit
- o Altered mental status
- o Neurological findings
- o Signs of meningeal irritation
- o Severe headache
- o Signs of intracranial complication, including, but not limited to:
  - Meningitis,
  - Intracerebral abscess
  - Cavernous sinus thrombosis

- Involvement of nearby structures, including, but not limited to:
  - Periorbital cellulitis

**Magnetic Resonance Imaging (MRI) – Sinus:**

Covered w/conditions as above for sinus CT and <18 years of age or pregnant.

**Non-Covered Indicators:**

X-Ray  
Ultrasound

**Action**

The committee checked for availability of a Medicare coverage decision. There is no national coverage determination (NCD) for Imaging for Rhinosinusitis.

The committee discussed clinical guidelines and training standards identified for Imaging for Rhinosinusitis. These included:

American Academy of Allergy, Asthma, and Immunology/ American College of Allergy, Asthma & Immunology  
American Academy of Otolaryngology Head and Neck Surgery Foundation  
American Academy of Pediatrics  
American College of Radiology  
Institute for Clinical Systems Improvement  
Infectious Diseases Society of America

The committee Chair directed HTA staff to prepare a Findings and Decision document on Imaging for Rhinosinusitis reflective of the majority vote for final approval at the next public meeting.

**Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.