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**May 2009: The Thriving Practice**

## May 2009




# Point-of-Service/In-Office CT Should Be a Covered Service

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Point-of-service (POS) or in-office Computed Tomography (CT) is becoming more popular today with both patients and otolaryngologists. POS/CT enhances patient care by improving the quality and convenience that we as a specialty can offer our patients. This diagnostic modality enhances patient satisfaction, as the otolaryngologist is able to review the imaging study with the patient at the time of the office visit prior to initiating treatment.

In-office CT may be instrumental in management of our patients in several clinical scenarios. This option is particularly important in the headache patient who is convinced that his or her headache is due to sinusitis. Timely imaging may help confirm or refute this diagnosis. It is helpful in the early postoperative period when the patient complains of facial pain, headache, or fever, to rule out potential complications. It is useful on the weekend and after hours, when requesting a CT in the emergency department could take hours. In addition, it is important for the patient who meets symptom criteria for chronic rhinosinusitis (CRS) but has normal endoscopy. POS/CT will help establish accurate diagnosis and institute appropriate medical therapy in a timely fashion.

A recent case-control study evaluated management of 40 consecutive new patients meeting symptom criteria for CRS with negative endoscopy who underwent point-of-care (POC) CT.[1] They were compared to 50 patients in the pre-POC CT era whose initial treatment was based on symptoms alone. Interestingly, 10 patients (20%) in the pre-POC CT group were lost to follow-up. Patients undergoing POC CT were more likely to receive oral steroids for management of CRS and were less likely to be lost to follow-up.

From the patient's perspective, POS offers several advantages. There are no scheduling delays, as the CT can be performed immediately with no additional time away from work or school. This obviates the delay before the patient is informed of the results, by which time they may already be well and unnecessary medications, especially antibiotics and/or steroids, may have been used.

In spite of this, many radiology benefit management (RBMs) companies will not precertify an otolaryngologist, and therefore the service will not be reimbursed. RBMs would rather approve a radiology-owned office performing these services, especially in the New York area.

In-office CT allows the otolaryngologist to diagnose and treat the patient in one visit, with complete documentation of the patient's problem. We must continue to

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challenge these RBMs which are unfairly curtailing the ability of the practicing otolaryngologist to perform in-office CT, in the interest of quality patient care.

The standard of care with respect to an otolaryngologist officially reading the report is not well established at this time. It would be most prudent for otolaryngologists to review the CT with the patient and offer a provisional report, but send the films electronically to a radiologist for an official reading. CPT codes are as follows:

CT Sinus-70486 (CT orbit, sella, etc; without contrast media)

CT sinus follow-up-76380 (CT limited or localized follow up study)

Always link the CPT code with an appropriate ICD-9 code and document medical necessity.

## Reference


1. *Conley DB, Pearlman AN, Zhou K, et al. Effect of point-of-care miniCT on treatment of chronic rhinosinusitis. Poster presentation. 2008 ARS Annual Fall Meeting. Chicago, Illinois.*



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