MRI and CT Spine

Adjudication Rule

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Abstract

For Members

Magnetic Resonance Imaging (MRI) is a diagnostic technique that uses magnetic fields and radio waves to produce a detailed image of the body’s soft tissue and bones. The MRI scan allows physicians to assess a patient’s spinal column and spinal cord anatomy and correlate the findings on the MRI series with the patient’s signs and symptoms in order to arrive at a proper clinical diagnosis.

CT scan is a diagnostic test that enables the spinal canal to be imaged and assessed for specific conditions. CT examinations provide excellent visualization of bone details and a three-dimensional perspective, and are very useful for assessing fractures, dislocations as well as soft tissue structure changes, not visible through conventional radiography.

MRI and CT scan of the spine is covered if medically necessary, for all health insurance plans administered by Daman, as per the policy terms and conditions.

For Medical Professionals

For Thiqa members, MRI and CT of the spine should only be requested by a Specialist/Consultant for an elective encounter; in case of an emergency it can be requested by either a General Practitioner or a Specialist/Consultant.

For all other plans, either a General Practitioner or a Specialist can request for MRI/CT scan, based on medical necessity.
MRI and CT Spine

Scope
This guideline explains the medically justified coverage of MRI and CT of the spine for all health insurance plans administered by Daman, as per policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria
Daman considers the below given indications as medically necessary for MRI and CT scan spine.

Indications for MRI of the spine include, but are not limited to, the evaluation of:

1. Congenital spine column and spinal cord malformations (e.g. scoliosis)
2. Known or suspected demyelinating diseases or myelopathy (e.g., multiple sclerosis)
3. Suspected infectious disorders (e.g. spinal cord and disc spaces infection, (epidural?) abscesses of the spine or soft tissues, vertebral osteomyelitis, spinal cord transverse myelitis etc.
4. Vascular disorders (e.g. spinal cord infarction, spinal vascular malformations etc.)
5. Degenerative conditions (e.g. degenerative disc disease, neurodegenerative disorders such as Lou-Gehrigs disease, spinal stenosis etc.)*
6. Trauma (suspected injury to spinal cord, nerve roots, soft tissues etc.)
7. Primary or metastatic neoplasms of the spinal cord, vertebral column, spinal meninges etc.
8. Others:
   • Back pain**
   • Clinical suspicion of a spinal cord or cauda equina compression syndrome
   • Evaluation of recurrent neurological symptoms after spinal surgery
   • Rapidly progressing neurological deficit or major motor weakness
   • Follow-up of evaluation for spinal malignancy or spinal infection
   • Before any spine surgery or injection of steroids

Indications for CT of the spine include, but are not limited to:

1. Primary tool in traumatic injuries of the spine involving acute injuries and/or suspected spinal fracture and/or dislocation (if X-ray is inconclusive)
2. Degenerative conditions and osteoarthritis evaluation: E.g. spondyloarthritis; spinal stenosis, degenerative disc disease etc. OR when MRI is contraindicated*
3. Inflammatory processes of the spinal column, spinal cord or related paraspinal tissues/structures
4. Image guidance: before, during, and after various spine interventions, including CT myelography, biopsy, aspiration, stereotactic surgery, and spinal canal injection procedures
5. Primary/metastatic neoplasms of the spine and their complications
6. Evaluation of the osseous components of congenital or developmental spine abnormalities
7. Abnormalities related to alignment or orientation of the spine (e.g. scoliosis etc.)
8. Evaluation of spinal cord syringes and other primary processes involving the spinal cord in situations where MRI is contraindicated
9. Back pain**

*Spondylolisthesis will be covered if it has not responded to 4 weeks of conservative therapy (should be documented).

*Degenerative disease of the spine will be covered if pain persists for more than 4 weeks despite conservative therapy OR if a more severe deficit suggestive of myelopathy is present (should be documented).

**Daman covers CT/MRI spine in case of back pain, only if it meets the following criteria (should be documented):
1. Progressive/persistent pain with or without radiculopathy + failure of 6 weeks of conservative treatment, OR
2. Severe pain requiring hospitalization, OR
3. Pain + other supported diagnosis like:
   • Profound or progressive neurologic deficit
   • Systemic signs such as fever, chills, night sweats, unexplained weight loss suggesting an underlying infection or malignancy etc.
   • History of drug abuse/ immunosuppression

Multiple Imaging Requests
Ordering of multiple CT/MRI imaging examinations at the same time might not meet medical necessity. Depending on the clinical situation, the medical necessity of such requests must be clearly and separately documented.

For example, a common indication for multiple simultaneous imaging requests would be for patients in whom the suspected anatomic abnormality might extend into multiple regions, such as syringomyelia.
MRI and CT Spine

If CT/MRI of spine is needed for an indication other than the one listed above, then supportive information should be provided to justify its medical necessity.

Authorization
Authorization for CT/MRI scan is required for all plans except:
1. Premier
2. Thiqa (in SEHA providers only)

Requirements for Coverage
ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage
For any plans, CT and MRI of spine will not be covered by Daman if it is not supported by a medically justified indication/diagnosis.

Furthermore, MRI/CT spine will not be covered in the following conditions:
- CT and MRI spine, used as a screening tool, in the absence of signs or symptoms of a disease or condition
- The patient has had a CT or MRI of the spine in the last 180 days for the same condition (If the patient has an obvious medical indication, new or progressive neurological symptoms or deficit, clear signs of disease progression or the eventual future need for surgical intervention, CT/MRI can be repeated within the 180 day period)

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

CT/MRI spine has to be requested by a Specialist/Consultant for an elective encounter; in case of an emergency it can be requested by either a General Practitioner or a Specialist/Consultant. For all other plans, either a General Practitioner or a Specialist can request for CT scan, based on medical necessity.

If a CT/MRI without contrast followed by with contrast is performed, use the single CPT code (CT/MRI CPT codes without contrast followed by examination with contrast) for that service, instead of using two separate codes.

Adjudication Examples

Example 1
Question: A 48 year old female, holding a Basic plan, with lumbar stenosis, has been advised to undergo MRI spine. How will you adjudicate this claim?
Answer: The MRI spine will be approved.

Example 2
Question: A 35 year old male, holding a Thiqa plan, with a suspected fracture of the lumbar vertebral column, has been billed for MRI lumbar spine with contrast, after X-ray findings were inconclusive. How will you adjudicate this claim?
Answer: The MRI scan will not be approved, as it is not medically indicated.

Denial codes

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<th>Code description</th>
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<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
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<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
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<td>AUTH-001</td>
<td>Prior approval is required and was not obtained</td>
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<td>AUTH-005</td>
<td>Claim information is inconsistent with pre-certified/authorized services</td>
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<tr>
<td>NCOV-003</td>
<td>Services is(are) not covered</td>
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<tr>
<td>PRCE-010</td>
<td>Use bundled code</td>
</tr>
<tr>
<td>CODE-010</td>
<td>Activity/diagnosis inconsistent with clinician specialty</td>
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Appendices

A. References
MRI and CT Spine


7. American Medical Association (AMA) CPT 2011 coding manual

B. Revision History

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<td>2. Disclaimer updated as per system requirements</td>
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<tr>
<td>01-02-15</td>
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