

# CT Scan Head

# Adjudication Guideline

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# **Rule Category:**

Medical

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### **Abstract**

#### **For Members**

CT Head (Computed Tomography) scan is an imaging method that uses X-Rays to create cross sectional images of the Skull and the Brain.

#### For Medical Professionals:

Computed tomography (CT) of the head uses special x-ray equipment to help assess head injuries, severe headaches, and other symptoms of aneurysm, bleeding, stroke, and brain tumours.

### Types of CT Head:

- Computed tomography, head or brain; without contrast material
- Computed tomography, head or brain; with contrast material(s)
- Computed tomography, head or brain; without contrast material, followed by contrast material(s)

### Approved by: Daman

Responsible: Medical Standards & Research

Related Adjudication Guidelines: NA

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## Scope

This adjudication rule aims to highlight the medical necessity and coverage details of CT scan head with contrast, without contrast and without contrast material, followed by contrast material for all health insurance plans administered by Daman.

# **Adjudication Policy**

# **Eligibility / Coverage Criteria**

Medical Indications criteria: 1,2,3,4

Medical Indications	Description
1.Head Injury	Head injury may arise from various etiological factors, below are the most common causes of Head Injury:  1. Road and Traffic Accident (RTA)  2. Blunt injury to head by foreign object  3. Fall
	Adult CT Scan is needed if one of the following exists in addition to Presence of head injury:  1. Glasgow Coma Scale (GCS) <13 upon initial assessment and <15 within two hours after injury  2. Suspected open or depressed skull fracture.  3. Signs of basal skull fracture:  Contusion surrounding the eyes (Raccoon eyes)  Hemotympanum  Otorrhea  Rhinorrhoea  4. Post-traumatic seizure  5. >1 episode of vomiting
	Paediatric CT Scan is needed if one of the following exists in addition to Presence of head injury:  1. GCS <14 on initial assessment or <15 within two hours after injury  2. Post-traumatic seizure  3. Open or depressed skull fracture  4. Signs of basal skull fracture  5. Age <1 with swelling, bruise, and laceration on forehead.
2.Stroke	Non-contrast CT is the first line imaging test for acute stroke to rule out intracranial haemorrhage and large infarct. CT is warrant if the following exists:  1. Signs and symptoms of acute stroke (See table 1.3) 2. Risk Factors of stroke (See table 1.2) 3. Previous Transient Ischemic Attack or stroke 4. Current on Anti-coagulants

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3. Headache	Computed tomography is not indicated in patients presenting with migraines and a normal neurological examination or Chronic Headaches with a normal neurological examination.  CT is indicated in headaches with the presence of one of the following:  1. History of cancer or chemotherapy 2. History of trauma 3. Sudden onset 4. Headaches that are precipitated by cough, physical activity. 5. Age more than 50 6. Presence of seizure and focal neurological deficit 7. Altered mental status 8. Hypertension
4. Suspected space occupying lesion	Symptoms ang signs of a space occupying lesion are due to the increased intra-cranial pressure.  CT scan without contrast should be done if the following exists:  1. Signs of symptoms of stroke  2. Risk factors of stroke  3. Unexplained complicated headache  4. Seizures  5. Vomiting/ Nausea  6. Altered Mental Status (AMS)
5. Intra-cranial infections	Types of Intra-cranial infections:  1. Meningitis Gold standard for all patients  2. Encephalitis: CT scan with and without contrast is gold standard for all patients. Symptoms of encephalitis are stated in table 1.6.
6. Post-operative/pre- procedural evaluation	Follow up CT may be needed after completion of treatment or surgery. Sufficient documents are required to cover the service.
7. Other	<ol> <li>Altered Mental Status:         <ul> <li>Immunocompromised patient</li> <li>Currently on anticoagulation</li> <li>GCS&lt;13</li> </ul> </li> <li>Abnormal eye findings on physical examination:         <ul> <li>Papilledema</li> <li>Nystagmus</li> <li>Ocular nerve palsies</li> <li>Visual field deficit</li> </ul> </li> <li>Seizures:         <ul> <li>Patients who have recurrent seizures and are not eligible for an MRI scan.</li> </ul> </li> <li>Basal Skull Fracture:         <ul> <li>Symptoms mentioned above</li> </ul> </li> </ol>

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Clinical Presentation criteria: 4,5,6

### 1.2 Risk Factors

Hypertension

Diabetes

Heart Diseases such as:

- Ischemic Heart Disease (IHD)
- Cardiomyopathy
- Heart Failure
- Atrial Fibrillation

Smoking

Age >50

Personal or family history of stroke

Alcohol

Obesity

Hypercholesteremia

Use of NSAIDs

# 1.3 Signs and Symptoms of acute stroke

Hemiparesis, monoparesis or rarely quadriparesis

Hemisensory deficits

Monocular or binocular visual loss

Visual field deficit

Diplopia

Dysarthria

Facial droop

Ataxia

**Aphasia** 

Sudden decrease in level of consciousness

Sudden severe thunderclap headache

# 1.4 Contraindications

Renal Impairment

Hyperthyroidism

Pheochromocytoma

Pregnant

Known allergy to contrast agents



1.5 Complications of meningitis
Cortical Blindness
Muscular hypertonia
Ataxia
Multiple Seizures
Focal paralysis

# 1.6 Symptoms of encephalitis

Fever

Headaches

Hydrocephalus

Seizures

Personality changes

Light Sensitivity

Unsteady gait

Double vision

Impairment of speech

# Clinician Eligibility criteria:

# **Eligible Speciality**

Neurologist

**Emergency Medicine** 

Neurosurgery

Internal Medicine

Paediatric Medicine

Psychiatry

Family Medicine

Otolaryngology

Pediatric Developmental Medicine

Ophthalmology

General Surgery

# **Requirements for Coverage**

Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

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### Non-Coverage

- 1. CT Head is not covered when the above criteria's (Coverage and Billing and CLN) are not met.
- 2. Coverage as per plan:

Plan	Coverage
Visitors Plan	Not covered
Basic	Covered
Enhanced	Covered
Thiqa	Covered

## **Payment and Coding Rules**

Please apply DOH payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

**Denial codes:** DOH denial codes with description are elaborated for reference.

These are specialized codes directed by DOH, that explains the reason of rejection of the service by DAMAN to the providers.

Denial Code	Code description
MNEC 004	Service is not clinically indicated based on good clinical practice
MNEC 003	Diagnoses are not covered
CODE-010	Activity/diagnosis inconsistent with clinician specialty

### **Appendices**

### **Additional Information**

JAWADA clinical quality KPI: not applicable

### **Appendices**

#### A. References

- 1. https://emedicine.medscape.com/article/2110836-overview
- 2. https://patient.info/doctor/ct-head-scanning-indications
- 3. https://www.nice.org.uk/guidance/cg176/resources/imaging-algorithm-pdf-498950893
- 4. https://www.medicinenet.com/11\_signs\_and\_symptoms\_of\_stroke/article.htm
- 5. https://www.nhlbi.nih.gov/health-topics/stroke
- 6. https://www.mayoclinic.org/diseases-conditions/encephalitis/symptoms-causes/syc-20356136
- 7. https://www.insideradiology.com.au/computed-tomography-hp/
- 8. https://www.medscape.com/answers/232915-10778/what-are-the-serious-complications-of-bacterial-meningitis

# **CT Scan Head**



# **B.** Revision History

Date	Change(s)
13 <sup>th</sup> May 2022	Release of V1.0
12 <sup>th</sup> July 2022	Update: questionnaire removed