

# CT Scan Head

## Adjudication Guideline

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# 1. Abstract

## 1.1 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.

## 1.2 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 head CT:

- 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)

# 2. Scope

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

# 3. Adjudication Policy

## 3.1 Eligibility / Coverage Criteria

### Medical Indications criteria:

Medical Indications	Description
1.Head Injury	<p>Head injury may arise from various etiological factors, below are the most common causes of Head Injury:</p> <ol style="list-style-type: none"> <li>1. Road and Traffic Accident (RTA)</li> <li>2. Blunt injury to head by foreign object</li> <li>3. Fall</li> </ol> <p><b>Adult</b> CT Scan is needed if one of the following exists in addition to Presence of head injury:</p> <ol style="list-style-type: none"> <li>1. Glasgow Coma Scale (GCS) &lt;13 upon initial assessment and &lt;15 within two hours after injury</li> <li>2. Suspected open or depressed skull fracture.</li> <li>3. Signs of basal skull fracture: <ul style="list-style-type: none"> <li>• Contusion surrounding the eyes (Raccoon eyes)</li> <li>• Hemotympanum</li> <li>• Otorrhea</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• Rhinorrhoea</li> </ul> <ol style="list-style-type: none"> <li>4. Post-traumatic seizure</li> <li>5. &gt;1 episode of vomiting</li> </ol> <p><b>Paediatric</b> CT Scan is needed if one of the following exists in addition to Presence of head injury:</p> <ol style="list-style-type: none"> <li>1. GCS &lt;14 on initial assessment or &lt;15 within two hours after injury</li> <li>2. Post-traumatic seizure</li> <li>3. Open or depressed skull fracture</li> <li>4. Signs of basal skull fracture</li> <li>5. Age &lt;1 with swelling, bruise, and laceration on forehead.</li> </ol>
2. Stroke	<p>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:</p> <ol style="list-style-type: none"> <li>1. Signs and symptoms of acute stroke (See table 1.2)</li> <li>2. Risk Factors of stroke (See table 1.3)</li> <li>3. Previous Transient Ischemic Attack or stroke</li> <li>4. Current on Anti-coagulants</li> </ol>
3. Headache	<p>Headaches could arise from various causes and could present in an acute setting and in a chronic setting. Types of headaches:</p> <ol style="list-style-type: none"> <li>1. Cluster Headache</li> <li>2. Migraine</li> <li>3. Thunderclap headache</li> <li>4. Hypnic Headache</li> </ol> <p>CT is not beneficial unless presence of the following:</p> <ol style="list-style-type: none"> <li>1. Presence of seizures</li> <li>2. Change in personality</li> <li>3. Focal Neurological deficit</li> <li>4. History of recent head injury</li> <li>5. Risk factors for stroke (See table 1.3)</li> <li>6. Previous history of Aneurysm</li> </ol>
4. Suspected space occupying lesion	<p>Symptoms and 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:</p> <ol style="list-style-type: none"> <li>1. Signs of symptoms of stroke</li> <li>2. Risk factors of stroke</li> <li>3. Unexplained complicated headache</li> <li>4. Seizures</li> <li>5. Vomiting/ Nausea</li> <li>6. Altered Mental Status (AMS)</li> </ol>
5. Intra-cranial infections	<p>Types of Intra-cranial infections:</p> <ol style="list-style-type: none"> <li>1. Meningitis: Gold standard for all patients</li> <li>2. Encephalitis: CT scan with and without contrast is gold standard for all patients. Symptoms of encephalitis are stated in table 1.6.</li> </ol>
6. Post-operative/Pre-procedural evaluation	<p>Follow up CT may be needed after completion of treatment or surgery. Sufficient documents are required to cover the service.</p>
7. Other	<ol style="list-style-type: none"> <li>1. Altered Mental Status: <ul style="list-style-type: none"> <li>• Immunocompromised patient</li> <li>• Currently on anticoagulation</li> <li>• GCS&lt;13</li> </ul> </li> </ol>

	<p>2. Abnormal eye findings on physical examination:</p> <ul style="list-style-type: none"> <li>• Papilledema</li> <li>• Nystagmus</li> <li>• Ocular nerve palsies</li> <li>• Visual field deficit</li> </ul> <p>3. Seizures: Patients who have recurrent seizures and are not eligible for an MRI scan.</p> <p>4. Basal Skull Fracture: Symptoms mentioned above</p>
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### Clinician Eligibility criteria:

Eligible Speciality
Neurologist
Emergency Medicine
Neurosurgery
Internal Medicine
Paediatric Medicine
Psychiatry
Family Medicine
Otolaryngology
Paediatric Development Medicine
General Surgery
Ophthalmology

## 3.2 Requirements for Coverage

- The Questionnaire must be filled and submit the required documents for preauthorization request.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.

## 3.3 Non-Coverage

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

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

### 3.4 Payment and Coding Rules

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

## 4. Denial Codes

Regulator denial codes with description are elaborated for reference.

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

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

## 5. Appendices

**Questionnaire** (to be filled and submitted with the pre-authorization request):

**Link:**

<https://www.damanhealth.ae/main/pdf/support/Questionnaire/CTHeadQuestionnaire.pdf>

### 5.1 References

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

## 5.2 Revision History

Date	Change(s)
13/05/2022	Creation of Adjudication Guideline-External Instruction Template. Release of Version 1.0
20/12/2024	Release of Version 2.0

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