

# Computed Tomography, Thorax

## Adjudication Guideline

**Rule Category:**  
Medical

**Ref: No:**  
2023-MN-0068

**Version Control:**  
Version No. 2.0

**Effective Date:**  
14/03/2023

**Revision Date:**  
30/12/2024

**Approved by:**  
Daman

**Responsible:**  
Medical Standards  
& Research

**Related Adjudication  
Guidelines:**  
N/A

## Table of Contents

1.	Abstract.....	3
1.1	For Members .....	3
1.2	For Medical Professionals .....	3
2.	Scope.....	3
3.	Adjudication Policy .....	3
3.1	Eligibility / Coverage Criteria .....	3
3.2	Requirements for Coverage.....	4
3.3	Non-Coverage.....	4
3.4	Payment and Coding Rules.....	4
4.	Denial Codes.....	5
5.	Appendices .....	5
5.1	References .....	5
5.2	Revision History .....	5

## 1. Abstract

### 1.1 For Members

A chest CT (computed tomography) scan is an imaging method that uses x-rays to create cross-sectional pictures of the chest and upper abdomen to help diagnose the cause of unexplained cough, shortness of breath, chest pain, fever, and other chest symptoms.

Patients should expect to be in the imaging department for approximately 30 minutes and will need to lie flat for about 10 minutes while being positioned and scanned. CT carries a higher risk of radiation-induced malignancy than a chest X-ray and should be considered only if it will change management.

### 1.2 For Medical Professionals

CT is generally a second line diagnostic when the chest X-ray has identified an abnormality that requires further assessment unless specified as a first line test in line with international best practice, or when the disease course is prolonged, and another condition is suspected.

Standard CT using current technologies actually uses the same minimum resolution as high-resolution CT but is reconstructed with a larger slice thickness in multiple imaging planes. Intravenous contrast may be indicated in certain conditions but is contraindicated in patients with a history of anaphylactic reactions to iodine. Intravenous contrast should be used with caution in patients with underlying renal impairment because of the increased risk of contrast-induced nephropathy

## 2. Scope

This Adjudication rule highlights the coverage details for medically necessary indications for Computed tomography, thorax as per the policy terms and conditions of each health insurance plan administered by Daman.

## 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Computed tomography (CT) scans provide greater clarity than regular X-rays and are used for detection and evaluation of various disease and conditions in the chest, e.g., tumour, inflammatory disease, vascular disease, congenital abnormalities, trauma and symptoms such as haemoptysis.

Requests for CT Thorax must be in line with international best practice guidelines, an example of the acceptable indications are listed below;

Evaluation of an abnormality detected on a chest X-ray

- Pulmonary mass or nodule Mediastinal mass
  - Staging of primary tumour extent and its relationship to adjacent structures
  - Detection of lymphadenopathy and metastatic disease
  - Evaluation of metastatic disease where there is no known primary
  - Assess suitability for biopsy
- Suspected pulmonary embolus.
- Rib fractures and flail segments, Pulmonary contusion, Disruption to the thoracic aorta, Pneumothorax, Diaphragmatic rupture etc.
- Aortic aneurysm/dissection
- Pneumonia /hemopericardium, Pericardial effusion, Inflammation.
- Pericardial disease
  - Pneumonia /hemopericardium, Pericardial effusion, Inflammation.

### 3.2 Requirements for Coverage

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

### 3.3 Non-Coverage

Computed tomography, thorax will not be covered by Daman (for any plan) if it fails to fulfil the coverage criteria.

Plan	Coverage
Visitor plan	Not covered.
Basic Plan	Covered as per medical Criteria and member SOB.
Enhanced Plan	Covered as per medical Criteria and member SOB.
Thiqa	Covered as per medical Criteria and member SOB.

### 3.4 Payment and Coding Rules

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

## 4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinician practise.
MNEC-004	Service is not clinically indicated based on good clinician practise, without additional supporting diagnosis /activities.
MNEC-005	Service / supply may be appropriate, but too frequent.

## 5. Appendices

### 5.1 References

- [https://el Paso.ttuhsc.edu/som/radiology/\\_documents/CT\\_Ordering\\_Guide.pdf](https://el Paso.ttuhsc.edu/som/radiology/_documents/CT_Ordering_Guide.pdf)
- <https://www.lifespan.org/centers-services/ct-scan-computed-tomography/ct-scan/ct-protocols/ct-technical-protocols-chest>
- <https://www.racgp.org.au/afp/2015/august/guide-to-thoracic-imaging>
- <https://academic.oup.com/bjaed/article/15/6/299/356262>
- <https://www.radiologyinfo.org/en/info/chestct>
- <https://pubmed.ncbi.nlm.nih.gov/29243467/>
- <https://www.insideradiology.com.au/computed-tomography-hp/>
- <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/ct-scan-of-the-chest>
- <https://www.acr.org/-/media/acr/files/practice-parameters/ct-thoracic.pdf>

### 5.2 Revision History

Date	Change(s)
14/03/2023	V1.0 Creation of Adjudication Guideline-External Instruction Template.
30/12/2024	V2.0 General Content and Template update

#### Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.