

# Computed Tomography, Thorax

## Adjudication Guideline

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Medical

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## 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, Pneumohemothorax, 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://elpaso.ttuhsc.edu/som/radiology/\\_documents/CT\\_Ordering\\_Guide.pdf](https://elpaso.ttuhsc.edu/som/radiology/_documents/CT_Ordering_Guide.pdf)
- <https://www.lifespan.org/centers-services/ct-scan-computed-tomographycat-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<br>Creation of Adjudication Guideline-External Instruction Template. |
| 30/12/2024 | V2.0<br>General Content and Template update                               |

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