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CT scan Abdomen and Pelvis

Adjudication Rule

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Abstract

For Members

A CT scan of the abdomen/pelvis is a non-invasive imaging technique which allows precise visualization of the organs and structures within the abdominal and/or pelvic cavity for diagnostic or therapeutic purposes. Series of x-rays produced "slices" are taken at transverse (axial) plane, allowing detailed examination of the abdominal and/or pelvic organs. It can be done with or without oral or IV contrast (dye), the contrast causing the particular organ or tissue to enhance in CT density and to be seen more clearly.

CT scan of the abdomen or/and pelvis is covered for all health insurance plans administered by Daman, as per policy terms and conditions.

For Medical Professionals

CT scan is not covered for screening purposes for any plans.

For Thiqa members, CT of the abdomen/pelvis 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 CT scan, based on medical necessity.

Approved by:
Daman

Responsible:
Medical Strategy &
Development Department

Related Adjudication Rules:
None

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Scope

The scope of this guideline is to specify the medically justified coverage of CT scan of abdomen and pelvis for all health insurance plans administered by Daman, subject to policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria

Daman will cover the following diagnostic and therapeutic indications for CT scan examination of the abdomen and/or pelvis, which include but are not limited to following*:

A. Conditions which require a pre-requisite before CT scan:

Conditions	Prerequisites
Hydronephrosis	Inconclusive, but suggestive ultrasound ⁶
Right upper Quadrant pain	inconclusive ultrasound ⁷
Systemic or portal venous thrombosis	inconclusive Doppler ultrasound ^{8,9}
Pelvic stress fractures/trauma	Persistent clinical symptoms, following negative X-rays ¹⁰
Osteoid osteoma	Following negative/inconclusive X-rays ¹¹
Sacroileitis	Following inconclusive X-rays or MRI in any of below conditions: ^{12,13,14} 1. If MRI contraindicated* 2. Details of clinically suspected spondylolysis/ pseudoarthrosis/ scoliosis are needed to depict 3. Detailed view of surgical fusion, instrumentation, or bone graft integrity is needed.
Suspicion of pelvic bones osteomyelitis or septic arthritis	Plain radiograph is recommended as a baseline investigation. ^{15,16}
Hepatomegaly	worsening or suspected liver enlargement unexplained through ultrasound
Elevated liver transaminases (ALT and AST)	Due to any unknown cause following an inconclusive abnormal ultrasound
Jaundice	acute biliary obstruction and/or suspected complicating conditions such as acute cholangitis, cholecystitis, or pancreatitis proven inconclusive by ultrasound

B. Conditions which do not require a pre-requisite before CT scan:

- Assessment of congenital anomalies of abdominal or pelvic organs.
- Assessment of suspected or known abdominal or pelvic masses and/or fluid collections.
- Assessment of urinary tract abnormalities:
 - Urinary tract stone
 - Acute Pyelonephritis: persistent or worsening symptoms after 3 days of antibiotics.
 - Adrenal lesion: to characterize an indeterminate adrenal mass, when there is a biochemical evidence of adrenal endocrine abnormality
 - Renal neoplasm: diagnosis, initial staging and pre-operative evaluation, re-staging and treatment monitoring.
- Assessment of abdominal or pelvic pain:
 - Acute Abdominal pain and fever OR clinically suspected abdominal abscess
 - Unexplained Abdominal/pelvic pain
- Almost all causes of surgically related abdominal pain including but not limited to intestinal obstruction/ ischemia, diverticulitis, pancreatitis, acute appendicitis, Inflammatory bowel disease, hematoma/hemorrhage
- Inguinal Hernia with complications or in obese patients
- Assessment of trauma to abdomen or pelvis.
- Hepatobiliary indications:
 - Assessment of diffuse liver parenchymal disease (e.g. steatosis, cirrhosis etc.)
 - Liver lesion characterization (e.g. hepatic adenoma, hemangioma etc.)
 - Suspected malignancy conditions/signs & symptoms (weight loss, fatigue, anorexia etc.)
- To detect post-surgical abdominal and pelvic complications.
- Splenic Indications:
 - Indeterminate splenic lesion
 - Splenomegaly
 - Splenic hematoma
- Evaluation of primary or metastatic malignancies, including lesion characterization, e.g. focal liver lesion.

12. Assessment of abnormalities involving the vascular structures of abdomen or pelvis such as aortic aneurysm, major arterial vessel dissection etc.
13. Pre and post-transplant assessment.
14. In case of other imaging or laboratory studies being inconclusive or if further clarification is needed.
15. Guidance for interventional or therapeutic procedures within the abdomen or pelvis.

*The indications should meet all the necessary criteria and conditions (as per evidence-based medicine) and should be furnished with appropriate clinical documentation.

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

Repeat Imaging:

Repeat imaging of the same anatomic area for the same condition may be subject to intensive review and should be supported with a strong medical justification (unless otherwise stated in the coverage indications).

Authorization for CT 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

CT of abdomen or/and pelvis is not covered for visitors plan, except in the case of a medical emergency;

For all other plans, CT of abdomen or/and pelvis will not be covered by Daman if it is not supported by a medically necessary indication/adequate clinical diagnosis.

CT of abdomen or/and pelvis, used as a screening tool, in the absence of signs or symptoms of a disease or condition, will not be covered.

Payment and Coding Rules

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

For Thiqa members, CT of the abdomen/pelvis 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 CT scan, based on medical necessity.

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

Adjudication Examples

Example 1

Question: A 40 year old male holding a basic plan, is billed for CT pelvis without contrast for a pelvic stress fracture, and has not had a pelvic X-ray. Will the service be covered?

Answer: The service will be rejected because an X-ray should be done before requesting for a CT scan.

Example 2

Question: A 30 year old female, holding a regional plan, is billed for CT abdomen with contrast to evaluate a palpable abdominal mass. Will this service be covered?

Answer: Yes, the service will be covered.

Denial codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-010	Use bundled code

Appendices

A. References

1. American College of Radiology. (2011). ACR-SPR Practice Guideline for the performance of computed tomography (CT) of the abdomen and computed tomography (CT) of the pelvis. ACR-Practice Guidelines. 1 (1), 1-7.
2. American College of Radiology. (2011). Gastrointestinal Imaging Criteria. Available: <http://www.acr.org/Quality-Safety/Appropriateness-Criteria/Diagnostic/Gastrointestinal-Imaging>. Last accessed 4th November 2012.
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5. <http://www.acr.org/~media/7A8770F6DCFE4A1BAB5DA612CF9FE718.pdf>
6. <http://emedicine.medscape.com/article/436259-workup#a0720>
7. <http://bestpractice.bmj.com/best-practice/monograph/78/diagnosis/tests.html>
8. <http://www.uptodate.com/contents/acute-portal-vein-thrombosis-in-adults-clinical-manifestations-diagnosis-and-management>
9. <http://radiopaedia.org/articles/portal-vein-thrombosis>
10. <http://bestpractice.bmj.com/best-practice/monograph/387/diagnosis/tests.html>
11. http://www.uptodate.com/contents/benign-bone-tumors-in-children-and-adolescents-an-overview?source=search_result&search=osteoid+osteoma&selectedTitle=1%7E27
12. http://www.uptodate.com/contents/clinical-manifestations-of-ankylosing-spondylitis-in-adults?source=search_result&search=Sacroilitis&selectedTitle=1%7E40
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14. <http://bestpractice.bmj.com/best-practice/monograph/778/diagnosis/tests.html>
15. <http://bestpractice.bmj.com/best-practice/monograph/354/diagnosis/tests.html>
16. <http://bestpractice.bmj.com/best-practice/monograph/486/diagnosis/tests.html>

B. Revision History

Date effective	Change(s)
01-07-13	V 1.0
15-07-14	1. V 2.0 2. Disclaimer updated as per system requirements
01-02-15	1. V2.1 2. Coverage of CT scan has been elaborated for better understanding

