

Computed tomography, thorax

Adjudication Guideline

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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	4
5.	Appendices	4
5.1	References	4
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.

1.2 For Medical Professionals

CT is usually the second step when the chest X-ray has identified an abnormality that requires further assessment, or when the disease course is prolonged, and another condition is suspected. Table :1 lists common indications for ordering chest CT. 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. Thinner slices can be reconstructed to visualise smaller structures in finer detail. Thicker reconstructions are used to make small lesions (e.g., nodules) more conspicuous. Use of intravenous contrast is usually preferred 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.¹⁶

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.¹⁶

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 to further examine abnormalities found on chest X-rays. They may be 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.

The goal of thoracic CT is to demonstrate normal and pathologic anatomy and physiology within the chest.

Table: 1

Major Indications ^{3,4}	
Evaluation of an abnormality detected on a chest X-ray	Pulmonary mass or nodule Mediastinal mass
Evaluation of aortic disease	Aortic aneurysm/dissection
Malignant disease	- 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

Evaluation of pleural disease	• Suspected pulmonary embolus.
Trauma cases for example:	Rib fractures and flail segments, Pulmonary contusion, Disruption to the thoracic aorta, Pneumothorax, Diaphragmatic rupture etc.
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.
- Failure to submit, upon request or when requesting a clinical history, an indication the need for testing will result in rejection of the claim.

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.
Thiga	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

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.

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

1. Body Part (ttuhsc.edu)
2. CT Protocols | Chest CT Scans (lifespan.org)
3. RACGP - Guide to thoracic imaging
4. Computed tomography of the chest: I. Basic principles | BJA Education | Oxford Academic (oup.com)
5. Chest CT Scan (radiologyinfo.org)
6. High-resolution CT of the lungs: Indications and diagnosis - PubMed (nih.gov)
7. Computed Tomography (CT) - InsideRadiology
8. Computed Tomography (CT) Scan of the Chest | Johns Hopkins Medicine

9. 416776 Handbook CT MRI.PDF (diagnosticimaging.com)
10. 20-0179_Derry_Indication_Guide.pdf (derryimaging.com)
11. CPT-Codes.pdf (mtnmedical.com)
12. <https://www.acr.org/-/media/acr/files/practice-parameters/ct-thoracic.pdf>
13. ACR-SPR-STR Practice Parameter for the Performance of Chest Radiography
14. <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/Pregnant-Pts.pdf>
15. 7040-141.pdf (wdhospital.org)
16. RACGP - Guide to thoracic imaging

5.2 Revision History

Date	Change(s)
11.05.2023	Release of V1.0

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