

Ultrasound of Scrotum and Contents

Adjudication Guideline

Rule Category:
Medical

Ref: No:
2022-MN-0065

Version Control:
Version No.2.0

Effective Date:
30/01/2023

Revision Date:
26/12/2024

Approved by:
Daman

Responsible:
Medical Standards
& Research

**Related Adjudication
Guidelines:**
N/A

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1. Abstract

1.1 For Members

Diagnostic ultrasound is an imaging technique bouncing sound waves through interior body structures. The sound waves pass through different densities of tissue and reflects to a receiving unit at varying speeds. The unit converts the waves and immediately displays a picture form on the screen.

Ultrasound imaging of the scrotum provides pictures of the testicles and the surrounding tissues in males.

1.2 For Medical Professionals

A testicular ultrasound is a test that uses reflected sound waves to show a picture of the testicles and scrotum. The test can show the long, tightly coiled tube that lies behind each testicle and collects sperm (epididymis). And it can show the tube (vas deferens) that connects the testicles to the prostate gland.

2. Scope

The scope of this adjudication rule is to highlight the medical necessity and coverage of Ultrasound of scrotum, and contents for all health insurance plans administered by Daman, subject to policy terms and conditions.

Ultrasound imaging of the scrotum is the primary imaging method used to evaluate disorders of the testicles, epididymis, and scrotum. Ultrasound can often detect an absent or undescended testicle in males.

3. Eligibility/Coverage Criteria

Scrotal ultrasound is considered medically necessary if any of the following indications:

- Acute scrotal pain, testicular torsion, trauma or injury
- Suspected infectious or inflammatory scrotal disease
- Scrotal and testicular neoplasm identification and recurrence, masses, cysts or Scrotal varices (varicocele)
- For guiding the needle in testicular biopsies.
- Suspected inguinal hernia (occult)
- Nonpalpable or undescended testes
- Hydroceles, Spermatoceles, Haematoceles and Pyoceles.

Eligible Clinicians
Urologist
Radiologist
Sonographer

3.1 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit documentation or reports, to establish clinical history, can result in rejection of the claim.

3.2 Non-Coverage

- If not medically indicated.
- Not covered for visitor plan.
- In the evaluation of infertility, if the procedure is being performed for fertility preservation, it will not be covered for basic, enhance (according to SOB) and for Thiqa is covered.

3.3 Payment and Coding Rules

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

4. Denial Codes

Denial 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
NCOV-003	Service(s) is (are) not covered
CODE-010	Activity/diagnosis inconsistent with clinician specialty
CLAI-012	Submission not compliant with contractual agreement between provider & payer

5. Appendices

5.1 References

- <https://ucimenshealth.com/male-infertility/scrotal-ultrasound/>
- <https://www.johnstonhealth.org/app/files/public/b2c0c4aa-11af-46a9-887b-54d67260958f/ultrasound-scrutum.pdf>
- <https://www.uptodate.com/contents/clinical-manifestations-diagnosis-and-staging-of-testicular-germ-cell-tumors>
- <https://www.healthlinkbc.ca/tests-treatments-medications/medical-tests/testicular-ultrasound>

5.2 Revision History

Date	Change(s)
27/12/2022	Release of V1.0
26/12/2024	Release of V2.0 <ul style="list-style-type: none"> • Template update • General content update.

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