

# CT scan Abdomen and Pelvis

## Adjudication Guideline

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## 1. Abstract

### 1.1 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 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 when medically necessary, as per policy terms and conditions.

### 1.2 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.

## 2. 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.

Conditions with pre-requisites for CT scan:

Conditions	Prerequisites
Hydronephrosis	Ultrasound demonstrates hydronephrosis with inconclusive identification of cause.
Right upper Quadrant pain	Inconclusive Ultrasound
Systemic or portal venous thrombosis	Technically limited or inconclusive Doppler ultrasound
Pelvic stress fractures/trauma	Persistent clinical symptoms, following negative X-rays
Osteoid osteoma	Following negative/inconclusive X-rays

Sacroiliitis	<p>Following X-rays or MRI in any of below conditions is true:</p> <ul style="list-style-type: none"> <li>• If MRI is contraindicated, all the necessary criteria and conditions (as per evidence-based medicine) and should be furnished with appropriate clinical documentation.</li> <li>• Spondylolysis/pseudoarthrosis/scoliosis</li> <li>• Detailed view of surgical fusion, instrumentation, or bone graft integrity is needed.</li> </ul>
Suspicion of pelvic bones osteomyelitis or septic arthritis	Plain radiograph is recommended as a baseline investigation. If X-ray is inconclusive and high suspicion remains.
Hepatomegaly	Worsening or suspected liver enlargement unexplained through ultrasound
Elevated liver transaminases (ALT and AST)	Due to any unknown cause following an ultrasound with focal lesion.
Jaundice	Acute biliary obstruction by level/cause of obstruction not identified by Ultrasound and/or suspected complicating conditions such as but limited to acute cholangitis, cholecystitis, or pancreatitis.

### **Conditions without prerequisite criteria for CT scan:**

1. Assessment of congenital anomalies of abdominal or pelvic organs.
2. Assessment of suspected or known abdominal or pelvic masses and/or fluid collections.
3. 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 biochemical evidence of adrenal endocrine abnormality
  - Renal neoplasm: diagnosis, initial staging and pre-operative evaluation, re-staging and treatment monitoring.

4. Assessment of abdominal or pelvic pain:

- Acute Abdominal pain and fever OR clinically suspected abdominal abscess
- Unexplained Abdominal/pelvic pain

5. Almost all causes of surgically related abdominal pain including but not limited to intestinal obstruction/ischemia, diverticulitis, pancreatitis, acute appendicitis, Inflammatory bowel disease, hematoma/haemorrhage.

6. Inguinal Hernia with complications or in obese patients.

7. Assessment of trauma to abdomen or pelvis.

8. Hepatobiliary indications:

- Assessment of diffuse liver parenchymal disease (e.g. steatosis, cirrhosis etc.)
- Liver lesion characterization (e.g. hepatic adenoma, haemangioma etc.)
- Suspected malignancy conditions/signs & symptoms (weight loss, fatigue, anorexia etc.)

9. To detect post-surgical pelvic complications.

10. Splenic Indications:

- Indeterminate splenic lesion
- Splenomegaly
- Splenic hematoma

11. 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. Guidance for interventional or therapeutic procedures within the abdomen or pelvis.

If a CT scan is required for an indication other than the ones listed above, 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:

- Premier
- Thiqa (in SEHA providers only)

## **3. Adjudication Policy**

### **3.1 Eligibility / Coverage Criteria**

N/A

### **3.2 Requirements for Coverage**

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

### **3.3 Non-Coverage**

CT of abdomen or/and pelvis is not covered for visitor's plan, except in the case of a medical emergency.

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.

### **3.4 Payment and Coding Rules**

Please apply Regulator 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 (CPT Code CT 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 Xray 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.

## 4. 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-002	Payment is included in the allowance for another service
PRCE-010	Use bundled code

## 5. Appendices

### 5.1 References

- <http://bestpractice.bmj.com/bestpractice/monograph/78/diagnosis/tests.html>
- <http://bestpractice.bmj.com/bestpractice/monograph/387/diagnosis/tests.html>
- <https://www.uptodate.com/contents/nonmalignant-bone-lesions-in-children-and-adolescents>
- <http://bestpractice.bmj.com/bestpractice/monograph/778/diagnosis/tests.html>
- <http://bestpractice.bmj.com/bestpractice/monograph/354/diagnosis/tests.html>
- <http://bestpractice.bmj.com/bestpractice/monograph/486/diagnosis/tests.html>
- <https://www.radiologyinfo.org/en/info/abdominct>
- [https://www.jacr.org/article/S1546-1440\(20\)30127-7/fulltext](https://www.jacr.org/article/S1546-1440(20)30127-7/fulltext)
- <https://radiopaedia.org/articles/ct-abdomen-pelvis-protocol-1>

### 5.2 Revision History

Date	Change(s)
01-07-2013	V1.0
15-07-2014	V2.0 <ul style="list-style-type: none"> <li>• Disclaimer updated as per system requirements</li> </ul>
01-02-2015	V2.1 <ul style="list-style-type: none"> <li>• Coverage of CT scan has been elaborated for better understanding</li> </ul>
25-12-2024	V3.0 <ul style="list-style-type: none"> <li>• General Content Review</li> <li>• References updated</li> </ul>
27-10-2025	V4.0 <ul style="list-style-type: none"> <li>• General Content Review</li> </ul>

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