

# MRI & CT Spine

## Adjudication Guideline

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# 1. Abstract

## 1.1 For Members

### MRI Spine

**Magnetic resonance imaging (MRI)** of the spine is a non-invasive imaging technology that produces three dimensional (3-D) detailed anatomical images without the use of ionizing radiation. It is often used for disease detection, diagnosis, and treatment monitoring.

MRI spine uses radio waves, a magnetic field and a computer to produce detailed pictures of the spine and surrounding tissues that are clearer and more detailed than other imaging methods. The exam may require an injection of a contrast material called gadolinium, which is less likely to cause an allergic reaction than iodinated contrast material.

### CT Spine

**Computed tomography (CT)** of the spine is a diagnostic imaging test used to help diagnose—or rule out—spinal column damage in injured patients. CT scanning is fast, painless, non-invasive and accurate. CT is less sensitive to patient movement than MRI.

MRI and CT scan of the spine is covered if medically necessary, for all health insurance plans administered by Daman, as per the policy terms and conditions.

## 1.2 For Medical Professionals

For Thiqa members, MRI and CT of the spine 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 MRI/CT scan, based on medical necessity.

# 2. Scope

This guideline focuses on the medical justification and coverage of MRI & CT Spine for all health Insurance plans administered by Daman as per policy terms and conditions.

# 3. Adjudication Policy

### 3.1 Eligibility / Coverage Criteria

Daman considers the below given indications as medically necessary for MRI and CT scan spine.

Indications for MRI of the spine include, but are not limited to, the evaluation of:

1. Congenital spine column and spinal cord malformations (e.g. scoliosis)
2. Known or suspected demyelinating diseases or myelopathy (e.g., multiple sclerosis)
3. Suspected infectious disorders (e.g. spinal cord and disc spaces infection, (epidural?) abscesses of the spine or soft tissues, vertebral osteomyelitis, spinal cord transverse myelitis etc.
4. Vascular disorders (e.g. spinal cord infarction, spinal vascular malformations etc.)
5. Degenerative conditions (e.g. degenerative disc disease, neurodegenerative disorders such as Lou-Gehrig's disease, spinal stenosis etc.)
6. Trauma (suspected injury to spinal cord, nerve roots, soft tissues etc.)
7. Primary or metastatic neoplasms of the spinal cord, vertebral column, spinal meninges etc.
8. Others:
  - Back pain
  - Clinical suspicion of a spinal cord or cauda equine compression syndrome.
  - Evaluation of recurrent neurological symptoms after spinal surgery.
  - Rapidly progressing neurological deficit or motor weakness.
  - Follow-up of evaluation for spinal malignancy or spinal infection.
  - Before any spine surgery or injection of steroids.

### 3.2 Requirements for Coverage

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

### 3.3 Non-Coverage

For any plans, CT and MRI of spine will not be covered by Daman if it is not supported by a medically justified indication/diagnosis. Furthermore, MRI/CT spine will not be covered in the following conditions:

- CT & MRI Spine, used as a screening tool, in the absence of signs or symptoms of a disease or condition.
- The patient had a CT or MRI of the spine in the last 180 days for the same condition (If the patient has an obvious medical indication, new or progressive neurological symptoms or deficit, clear signs of disease progression or the eventual future need for surgical intervention, CT/MRI can be repeated within the 180-day period)

### 3.4 Payment and Coding Rules

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

CT/MRI spine has to 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/MRI without contrast followed by with contrast is performed, use the single CPT code (CT/MRI CPT codes without contrast followed by examination with contrast) for that service, instead of using two separate codes.

## 4. Denial Codes

Code	Code Description
<b>MNEC-003</b>	Service is not clinically indicated based on good clinical practice
<b>MNEC-004</b>	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
<b>AUTH-001</b>	Prior approval is required and was not obtained
<b>AUTH-005</b>	Claim information is inconsistent with pre-certified/authorized services
<b>NCOV-003</b>	Services is(are) not covered
<b>PRCE-010</b>	Use bundled code
<b>CODE-010</b>	Activity/diagnosis inconsistent with clinician specialty

## 5. Appendices

### 5.1 References

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<https://radiopaedia.org/articles/ct-lumbar-spine-protocol-1>  
<https://pmc.ncbi.nlm.nih.gov/articles/PMC9246762/#sec17>

## 5.2 Revision History

Date	Change(s)
01-07-13	V1.0 <ul style="list-style-type: none"> <li>New template</li> </ul>
01-05-14	V1.1 <ul style="list-style-type: none"> <li>Disclaimer updated as per system requirements</li> </ul>
01-02-15	V2.1 <ul style="list-style-type: none"> <li>Coverage of CT/MRI spine has been elaborated for better understanding</li> </ul>
01-00-18	V3.0 <ul style="list-style-type: none"> <li>System checks – clinician ID, mapping and others added.</li> <li>Visio for authorization and claims.</li> </ul>
12-11-2024	V4.0 <ul style="list-style-type: none"> <li>Updated as per system requirements</li> <li>References Updated</li> </ul>
12-12-2025	V4.1 <ul style="list-style-type: none"> <li>Template Update</li> <li>Reference Update</li> </ul>

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