DIAGNOSTIC AND THERAPEUTIC
RADIOLOGY SERVICES

Policy Number: BIP135.F
Effective Date: December 1, 2018

Related Benefit Interpretation Policy:
Preventive Care Services

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.

Essential Health Benefits for Individual and Small Group
For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member’s specific plan document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

Note:
CA SB 1538
Section 1.
Section 123222.3 is added to the Health and Safety Code, to read:

123222.3.
(a) A health facility at which a mammography examination is performed shall, if a patient is categorized by the facility as having heterogeneously dense breasts or extremely dense breasts, based on the Breast Imaging Reporting and Data System established by the American College of Radiology, include in the summary of the written report that is sent to the patient, as required by federal law, the following notice:

Your mammogram shows that your breast tissue is dense. Dense breast tissue is common and is not abnormal. However, dense breast tissue can make it harder to evaluate the results of your mammogram and may also be associated with an increased risk of breast cancer.
This information about the results of your mammogram is given to you to raise your awareness and to inform your conversations with your doctor. Together, you can decide which screening options are right for you. A report of your results was sent to your physician.

(b) This section shall become operative on April 1, 2013.

(c) (1) Nothing in this section shall be construed to create or impose liability on a health care facility for failing to comply with the requirements of this section prior to April 1, 2013.
(2) Nothing in this section shall be deemed to create a duty of care or other legal obligation beyond the duty to provide notice as set forth in this section.
(3) Nothing in this section shall be deemed to require a notice that is inconsistent with the provisions of the federal Mammography Quality Standards Act (42 U.S.C. Sec. 263b) or any regulations promulgated pursuant to that act.

(d) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

Additional breast screenings remain covered services when determined medically necessary by the Primary Care Physician. SB 1538 does not provide a new mandated benefit; it is simply a required disclosure by the Participating Medical Group/IPAs contracted mammography center/radiologist.

Basic Health Care Services
Citations: 28 CCR 1300.67
Effective Date: October 16, 2003
State Requirement:
The basic health care services required to be provided by a health care service plan to its enrollees shall include, where medically necessary, subject to any copayment, deductible, or limitation of which the Director may approve:
(a) Physician services, which shall be provided by physicians licensed to practice medicine or osteopathy in accordance with applicable California law. There shall also be provided consultation with and referral by physicians to other physicians.
(1) The plan may also include, when provided by the plan, consultation and referral (physician or, if permitted by law, patient initiated) to other health professionals who are defined as dentists, nurses, podiatrists, optometrists, physician's assistants, clinical psychologists, social workers, pharmacists, nutritionists, occupational therapists, physical therapists and other professionals engaged in the delivery of health services who are licensed to practice, are certified, or practice under authority of the plan, a medical group, or individual practice association or other authority authorized by applicable California law.
(b) Inpatient hospital services, which shall mean short-term general hospital services, including room with customary furnishings and equipment, meals (including special diets as medically necessary), general nursing care, use of operating room and related facilities, intensive care unit and services, drugs, medications, biologicals, anesthesia and oxygen services, diagnostic laboratory and x-ray services, special duty nursing as medically necessary, physical therapy, respiratory therapy, administration of blood and blood products, and other diagnostic, therapeutic and rehabilitative services as appropriate, and coordinated discharge planning including the planning of such continuing care as may be necessary, both medically and as a means of preventing possible early rehospitalization.
(c) Ambulatory care services, (outpatient hospital services) which shall include diagnostic and treatment services, physical therapy, speech therapy, occupational therapy services as appropriate, and those hospital services which can reasonably be provided on an ambulatory basis. Such services may be provided at a hospital, any other appropriate licensed facility, or any appropriate facility which is not required by law to be licensed, if the professionals delivering such services are licensed to practice, are certified, or practice under the authority of the plan, a medical group, or individual practice association or other authority authorized by applicable California law.
(d) Diagnostic laboratory services, diagnostic and therapeutic radiological services, and other diagnostic services, which shall include, but not be limited to, electrocardiography and electroencephalography.
(e) Home health services, which shall include, where medically appropriate, health services provided at the home of an enrollee as prescribed or directed by a physician or osteopath licensed to practice in California. Such home health services shall include diagnostic and treatment services which can reasonably be provided in the home, including nursing care, performed by a registered nurse, public health nurse, licensed vocational nurse or licensed home health aide. 

(1) Home health services may also include such rehabilitation, physical, occupational or other therapy, as the physician shall determine to be medically appropriate.

(f) Preventive health services (including services for the detection of asymptomatic diseases), which shall include, under a physician’s supervision, 

(1) Reasonable health appraisal examinations on a periodic basis; 
(2) A variety of voluntary family planning services; 
(3) Prenatal care; 
(4) Vision and hearing testing for persons through age 16; 
(5) Immunizations for children in accordance with the recommendations of the American Academy of Pediatrics and immunizations for adults as recommended by the U.S. Public Health Service; 
(6) Venereal disease tests; 
(7) Cytology examinations on a reasonable periodic basis; 
(8) Effective health education services, including information regarding personal health behavior and health care, and recommendations regarding the optimal use of health care services provided by the plan or health care organizations affiliated with the plan.

(g) (1) Emergency health care services which shall be available and accessible to enrollees on a twenty-four hour a day, seven days a week, basis within the health care service plan area. Emergency health care services shall include ambulance services for the area served by the plan to transport the enrollee to the nearest twenty-four hour emergency facility with physician coverage, designated by the Health Care Service Plan. 

(2) Coverage and payment for out-of-area emergencies or urgently needed services involving enrollees shall be provided on a reimbursement or fee-for-service basis and instructions to enrollees must be clear regarding procedures to be followed in securing such services or benefits. Emergency services defined in section 1317.1 include active labor. "Urgently needed services" are those services necessary to prevent serious deterioration of the health of an enrollee, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the enrollee returns to the plan's service area. “Urgently needed services” includes maternity services necessary to prevent serious deterioration of the health of the enrollee or the enrollee’s fetus, based on the enrollee's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the plan’s service area.

(h) Hospice services as set forth in Section 1300.68.2.

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

**Note:** For information regarding CA SB1538, please refer to Section A. As stated in Section A, CA SB1538 impacts the facility only not the health plan. Additional breast screenings remain covered services when determined medically necessary by the Primary Care Physician. SB 1538 does not provide a new mandated benefit; it is simply a required disclosure by the Participating Medical Group/IPAs contracted mammography center/radiologist.

Diagnostic and Therapeutic Radiological Services (inpatient or outpatient) used for screening, detection or treatment of disease, when such services are determined to be Medically Necessary.
• **Standard X-rays** are covered for the diagnosis of an illness or injury, or to screen for certain defined diseases.

• **Specialized Scanning, Imaging and Other Specialized Procedures** are covered for the diagnosis and ongoing medical management of an illness or injury.

Examples include, but are not limited to:

A. **Standard X-rays**
   1) Bone mineral density studies
   2) Plain film X-rays
   3) Mammograms, including digital mammograms; refer to Medical Management Guideline titled *Breast Imaging for Screening and Diagnosing Cancer*
   4) Intravenous Pyelogram (IVP)
   5) Kidney, Ureter and Bladder (KUB) X-ray
   6) Obstetrical ultrasound
   7) Oral and rectal contrast gastrointestinal studies (such as upper GIs, barium enemas, and oral cholecystograms)

B. **Specialized Scanning, Imaging and Other Specialized Procedures**
   1) Ultrasonography (except obstetrical ultrasound or bone density ultrasound; see Standard X-rays above)
   2) Computed Tomography (CT scan)
   3) Single photon emission computed tomography (SPECT)
   4) Magnetic Resonance Imaging (MRI); refer to Medical Management Guideline titled *Breast Imaging for Screening and Diagnosing Cancer*
   5) Magnetic Resonance Angiogram (MRA)
   6) Nuclear scans
   7) Invasive radiological procedures such as myelogram, cystogram, angiogram (includes heart catheterization), arthrogram
   8) Positron Emission Tomography (PET) scans when medical criteria are met
   9) Other specialized procedures: See Definitions below

D. **NOT COVERED**

Non-medically indicated or unnecessary Radiological Services (Diagnostic and/or Therapeutic) which include, but are not limited to:

- a. Experimental or unproven tests not medically indicated
- b. Radiology studies requested by an employer or school
- c. Thermography
- d. Radiological tests and procedures in preparation for or during a non-covered service

E. **DEFINITIONS**

1. **Specialized Scanning, Imaging and Other Specialized Procedures**: Defined to include those which, unless specifically classified as standard X-rays, are digitally processed, or computer-generated, or which require contrast administered by injection or infusion. Examples include, but are not limited to, the following scanning and imaging procedures: CT, PET, SPECT, MRI, MRA, and nuclear scans, angiograms (includes heart catheterization), arthograms, and myelograms, and ultrasounds, not including obstetrical ultrasounds or bone density ultrasounds.

2. **Standard X-Rays**: Defined to include conventional plain film X-rays, oral and rectal contrast gastrointestinal studies (such as upper GIs, barium enemas, and oral cholecystograms), mammograms, obstetrical ultrasounds, and bone mineral density studies (including ultrasound for bone density and DEXA scans).
### F. POLICY HISTORY/REVISION INFORMATION

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<td>Federal/State Mandated Regulations</td>
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