DIAGNOSTIC AND THERAPEUTIC RADIOLOGY SERVICES

Policy Number: BIP135.G  
Effective Date: December 1, 2019

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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

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.

CA SB-1034 Health Care: Mammograms
SECTION 1.

Section 123222.3 of the Health and Safety Code is amended 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) (1) This section shall not be deemed to create a duty of care or other legal obligation beyond the duty to provide notice as set forth in this section.
(2) This section shall not 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.
(c) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.

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. 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.

b. 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.

c. Diagnostic laboratory services, diagnostic and therapeutic radiological services, and other diagnostic services, which shall include, but not be limited to, electrocardiography and electroencephalography.

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, 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; Refer to **Standard X-rays**)
   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: Refer to Definitions section.

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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<tr>
<td>12/01/2019</td>
<td><strong>Federal/State Mandated Regulations</strong></td>
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<td>• Revised language pertaining to:</td>
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