Diagnostic and Therapeutic Radiology Services

Policy Number: BIP135.H
Effective Date: December 1, 2020

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Related Benefit Interpretation Policy
- Preventive Care Services

Related Medical Management Guidelines
- Breast Imaging for Screening and Diagnosing Cancer
- Thermography

Federal/State Mandated Regulations

Note: The most current federal/state mandated regulations for each state can be found in the links below.

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

123222.3.

Section 123222.3 of the Health and Safety Code is amended to read:

(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(c) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.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

https://govt.westlaw.com/calregs/Documents/IC8C4B7D0D44914DEB97CF67CD0B99467?viewType=FullText&originationCont
ext=documenttoc&transitionType=DocumentItem&contextData=(sc.Default)

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.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in Federal/State Mandated Regulations, State Market Plan Enhancements, and
Covered Benefits sections. Always refer to the Federal/State Mandated Regulations and State Market Plan Enhancements
sections for additional covered services/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.

Diagnosis 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:

- **Standard X-rays**
  - Bone mineral density studies
  - Plain film X-rays
  - Mammograms, including digital mammograms; refer to Medical Management Guideline titled Breast Imaging for
    Screening and Diagnosing Cancer
  - Intravenous Pyelogram (IVP)
  - Kidney, Ureter and Bladder (KUB) X-ray
- Obstetrical ultrasound
- Oral and rectal contrast gastrointestinal studies (such as upper GIs, barium enemas, and oral cholecystograms)
- **Specialized Scanning, Imaging and Other Specialized Procedures**
  - Ultrasonography (except obstetrical ultrasound or bone density ultrasound; refer to **Standard X-rays**)  
  - Computed Tomography (CT scan)  
  - Single photon emission computed tomography (SPECT)  
  - Magnetic Resonance Imaging (MRI); refer to Medical Management Guideline titled *Breast Imaging for Screening and Diagnosing Cancer*  
  - Magnetic Resonance Angiogram (MRA)  
  - Nuclear scans  
  - Invasive radiological procedures such as myelogram, cystogram, angiogram (includes heart catheterization), arthrogram  
  - Positron Emission Tomography (PET) scans when medical criteria are met  
  - Other specialized procedures: Refer to Definitions section.

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### Not Covered

Non-medically indicated or unnecessary Radiological Services (Diagnostic and/or Therapeutic) which include, but are not limited to:
- Experimental or unproven tests not medically indicated
- Radiology studies requested by an employer or school
- Thermography
- Radiological tests and procedures in preparation for or during a non-covered service

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### Definitions

**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.

**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).

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### Policy History/Revision Information

<table>
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<tr>
<th>Date</th>
<th>Summary of Changes</th>
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| 04/01/2021 | **Template Update**  
  - Reformatted policy; transferred content to new template                         |
| 12/01/2020 | **Federal/State Mandated Regulations**  
  - Added notation to indicate the most current federal/state mandated regulations for each state can be found [via the reference links provided in the policy]  
  - Added reference link to *California SB-1034 Section 123222.3*  
  - Updated reference link to 28 *California Code of Regulations Section 1300.67*  
  - **Supporting Information**  
  - Archived previous policy version BIP135.G                                      |
Instructions for Use

Covered benefits are listed in three (3) sections: Federal/State Mandated Regulations, State Market Plan Enhancements, and Covered Benefits. 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.