Diagnostic and Therapeutic Radiology Services

Policy Number: BIP135.K
Effective Date: November 1, 2023

Instructions for Use

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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:
https://law.justia.com/codes/california/2022/code-hsc/division-106/part-1/chapter-4/section-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(c) This section shall remain in effect only until January 1, 2025, and as of that date is repealed.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 (CA Code of Regs)1300.67
https://regulations.justia.com/states/california/title-28/division-1/chapter-2/article-7/section-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:

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.

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 the *Federal/State Mandated Regulations* section. As stated in the *Federal/State Mandated Regulations* section, 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. SB1538 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:

- **Standard x-rays**
  - Bone mineral density studies (including ultrasound and DEXA scans)
  - Intravenous pyelogram (IVP)
  - Kidney, ureter and bladder (KUB) x-ray
  - Mammograms, including digital mammograms; refer to the Medical Management Guideline titled Breast Imaging for Screening and Diagnosing Cancer

- Obstetrical ultrasound
- Oral and rectal contrast gastrointestinal studies (such as upper GIs, barium enemas, and oral cholecystograms)
- Plain film x-rays

- **Specialized scanning, imaging and other specialized procedures**
  - Computed tomography (CT scan)
  - Invasive radiological procedures such as myelogram, cystogram, angiogram (includes heart catheterization), arthrogram
  - Ultrasonography (except obstetrical ultrasound or bone mineral density ultrasound; refer to **standard x-rays**)
  - Magnetic resonance angiogram (MRA)
  - Magnetic resonance imaging (MRI); refer to the Medical Management Guideline titled Breast Imaging for Screening and Diagnosing Cancer
  - Nuclear scans
  - Other specialized procedures
  - Positron emission tomography (PET) scans when medical criteria are met
  - Single photon emission computed tomography (SPECT)

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
- Radiological tests and procedures in preparation for or during a non-covered service
- Thermography

Policy History/Revision Information

Date	Summary of Changes

11/01/2023	**Federal/State Mandated Regulations**
	• Updated reference link to:
	  ○ *California Health and Safety Code Section 123222.3*
	  ○ *California Code of Regulations Section 1300.67*
	Supporting Information
	• Removed *Definitions* section
	• Archived previous policy version BIP135.J

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.