Clinical UM Guideline

Subject: Level of Care: Advanced Radiologic Imaging
Guideline #: CG-MED-55
Status: Revised

Current Effective Date: 06/28/2017
Last Review Date: 05/04/2017

Description

This document addresses the clinical features that may increase an individual’s risk of requiring access to a higher level of care available in a hospital outpatient department for advanced radiologic imaging.

Note: Please see the following related documents for additional information:

- CG-DRUG-47 Level of Care: Specialty Pharmaceuticals
- CG-SURG-10 Ambulatory or Outpatient Surgery Center Procedures
- CG-SURG-52 Level of Care: Hospital-Based Ambulatory Surgical Procedures, Including Endoscopic Procedures

Clinical Indications

Note: The medical necessity of the advanced radiologic imaging procedure may be separately reviewed against the appropriate criteria. This guideline is for determination of the medical necessity of hospital outpatient level of care for the advanced radiologic imaging procedure.

Medically Necessary:

An advanced radiologic imaging procedure in the hospital outpatient department is considered medically necessary when any of the following are present:

A. The services being provided are only available in the hospital setting; or
B. The individual requires an obstetrical observation; or
C. The individual is receiving perinatal services; or
D. There are no other geographically accessible appropriate alternative sites for the individual to undergo the procedure, including but not limited to the following:
   1. Moderate or deep sedation or general anesthesia is required for the procedure and a freestanding facility providing such sedation is not available; or
   2. The equipment for the size of the individual (that is, very small or very large) is not available in a freestanding facility; or
   3. The individual has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility.

Not Medically Necessary:

All other advanced radiologic imaging procedures in the hospital outpatient department are considered not medically necessary when the above criteria are not met.

Coding

Coding edits for medical necessity review are not implemented for this guideline. Where a more specific policy or guideline exists, that document will take precedence and may include specific coding edits and/or instructions. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Discussion/General Information

Hospital-based advanced radiologic imaging procedures are generally more appropriate for individuals whose health status necessitates the availability of a higher-level of supportive care for the minimization of the risks associated adverse health events.

Certain high-risk medical conditions can necessitate the need for an anesthesiologist to be present during the advanced radiologic imaging for individuals including neonates and children. Children can require specialized pediatric equipment including smaller anesthetic tools such as endotracheal tubes and monitoring equipment. Conversely, large individuals or those with claustrophobia may also require specialized equipment which could include an open magnetic resonance imaging (MRI) as opposed to a traditional MRI scanner.

Location of radiology equipment within a facility can be a hindrance to effective member care. For example, the MRI suite can be a hazardous location due to the presence of a very strong static magnetic field, high-frequency electromagnetic (radiofrequency) waves, and a time-varied (pulsed) magnetic field. There can be challenges to administering anesthesia and monitoring capabilities due to static and dynamic magnetic fields, and compromise of direct observation of the member. The MRI environment frequently requires the anesthesiologist to assume greater responsibility for immediate decisions related to care of the member.

Examples of advanced radiologic imaging include computed tomography, computed tomography angiography, magnetic resonance imaging, magnetic resonance angiography, nuclear medicine scans (for example, single photon emission computed tomography), nuclear cardiac imaging procedures (for example, myocardial perfusion scans), and positron emission tomography scans.

References

Government Agency, Medical Society, and Other Authoritative Publications:
   - Practice Advisory on Anesthetic Care for Magnetic Resonance Imaging. 2015.

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Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Medical Policy take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Clinical UM Guidelines periodically. Clinical UM guidelines are used when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether or not to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the back of the member's card.

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