

# Policy and Standards

<b>Policy Number:</b>	CO.287.01
<b>Policy Name:</b>	Appropriate Site of Service for Advanced Radiology Imaging
<b>Review Type:</b>	New Policy
<b>Contract or Regulatory Reference:</b> (include citation if applicable)	N/A

## Corporate Policy Approvals

Richard Clarke	<i>Approval on file</i>	
Senior Vice President, Operations and Cost of Care		Date
John J. DiBernardi, Jr., Esq.	<i>Approval on file</i>	
Magellan Health, Senior Vice President & Chief Compliance Officer		Date
Dan Gregoire, Esq.	<i>Approval on file</i>	
Magellan Health, Executive Vice President, General Counsel		Date

**Product Applicability:** *(For Health Insurance Marketplaces, policies and procedures are the same, unless contractual requirements dictate a more stringent variation in which case customized documents are created.)*

**Commercial**

**Medicaid**

**Medicare Part: C (Medicare Advantage)**

**Medicare Part: D**

**Federal (Applies to AFSC, Magellan Healthcare, non-Medicaid or Medicare, Federal contracts)**

## Business Division and Entity Applicability:

### Magellan Healthcare

National Imaging Associates

## Policy Statement

The properly licensed affiliates and subsidiaries of Magellan Health, Inc., (Magellan), in collaboration with its health plan customers, establishes requirements for the appropriate setting for the delivery of imaging tests. These requirements are based on clinical and geographical considerations.

For NIA's Facility Site Selection (FSS) "Provider Setting Required" program, Advanced Radiology Imaging procedures (including computed tomography, computed tomography angiography, magnetic resonance imaging (MRI), and magnetic resonance angiography) are appropriately performed in non-hospital settings, such as free-standing radiology facilities or in-office settings when available, unless there is a medical need or identified clinical risk that necessitates a hospital setting.

Situations that may require a hospital setting for advanced radiology imaging are presented below.

**Note: Please see the boxed statement below for Home State specific requirements.**

## Purpose

To establish the rationale for requiring the use of the appropriate, non-hospital settings for specific advanced radiology services unless there is a clinical reason that a hospital setting is required or if there are no non-hospital services available in member's area.

## Policy Terms & Definitions Glossary

### Key Terms (as used in this policy)

#### *Administrative Exemption*

The authorization request is exempted from the FSS provider selection process for an administrative reason. Administrative reasons include Members who are in a plan that is not part of this program, services that are not on the list of procedures included in this program, Members who are children based on an agreed-upon age definition, services that have already been delivered (retrospective requests), requests initiated by Members and Members who live in areas in which there are no preferred provides within the agreed-upon geo-access parameters.

#### *Clinical Exception*

The requester has responded to a list of clinical reasons that allow the selection of a hospital. Clinical exceptions include exams that are a follow-up to a recent exam; patients who have an allergy to contrast materials, whose weight requires special equipment or who require sedation; exams that are related to scheduled surgery, services related to active treatment requiring continuity of care, and other documented clinical issues.

#### *CT/MR Procedure*

The procedure codes of Computed Tomography (CT) and Magnetic Resonance (MR), other than Breast MRI and MRS, which are managed by NIA and included in the program.

#### *Facility Site Selection (FSS)*

The Magellan program that promotes the selection of specific types of providers for selected advanced radiology services.

#### *Free-Standing Radiology Facility*

A contracted provider that provides advanced radiology services in a non-hospital setting.

*In-Office Provider*

A contracted provider that provides CT and/or MR services in an office or provider group setting, often to be used for the patients of the providers in that office or group.

Additional *Policy Terms & Definitions* are available should the reader need to inquire as to the definition of a term used in this policy.

To access the *Policy Terms & Definitions Glossary* in C360, click on the below link: *(internal link(s) available to Magellan Health employees only)*

[Policy Terms & Definitions Glossary](#)

**Standards**

- I. Requirements for Non-Hospital and Hospital Settings
  - A. Advanced radiology imaging procedures require a non-hospital setting when one is available within the mileage parameters defined by the health plan, unless there is a medical reason or clinical risk that requires a hospital setting.
  - B. When a hospital setting is being requested for an Advanced Radiology Imaging study, the requesting practitioner must document a clinical reason. The clinical reason must be documented in both the authorization request and the patient's medical chart, which may be requested for review. The following clinical scenarios may indicate that a hospital setting is acceptable when a non-hospital setting is available.
  - C. The requirements for a non-hospital setting are applied to:
    1. Members who are in a plan covered by the Facility Site Selection "Provider Setting Required" program.
    2. CT/MR procedures that are included in the program, e.g. specific codes for Computed Tomography (CT) and Magnetic Resonance (MR).
    3. Studies for which prior authorization is required and is being requested (retro requests are exempted).
    4. Authorization requests that have not received an Administrative Exemption.
    5. Geographic regions that include the availability of non-hospital settings for advanced radiology imaging within the mileage parameters defined by the client health plan.
  - D. A hospital setting is medically necessary for the following indications:
    1. Patient Age: Patient is a child as defined by the health plan.
    2. Follow-up: This procedure is a follow-up to a previous exam performed at the requested facility within the past 8 weeks.\*
    3. Allergy: Patient has an allergy to contrast media.
    4. Continuity of Care: Patient has been actively treated for the related condition at the requested facility within the past 12 weeks and requires continuity of care.\*
    5. Pre-Surgery: Patient is scheduled for surgery within the next four weeks.\*
    6. Sedation: Patient requires sedation.

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\* Validation of date will be incorporated into the system evaluation of the presented reason.

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7. Special Equipment Required: Patient's weight requires special equipment.
8. Other: Other medical reason requiring the patient to have the services performed at the requested facility. Approval to be determined at the discretion of the member's plan.\*\*

### II. Coding

- A. Place of Service (POS) codes on claims are expected to accurately reflect the setting type where the procedure is authorized. If the authorization is for a non-hospital setting, claims with a hospital Place of Service code may not be paid.
- B. Current Procedural Terminology (CPT) codes related to the procedure being requested are reflected in the appropriate clinical guideline used for the medical necessity determination and are beyond the scope of this document.

### III. Levels of Care, Risk and Patient Safety

- A. Advanced radiology imaging studies can be appropriately delivered in non-hospital settings (free-standing radiology facilities and in-office settings). A hospital setting is only appropriate when there is a clearly documented clinical reason that supports the use of a hospital, when non-hospital settings are available within defined mileage parameters. Members whose clinical situation and health status necessitates a higher level of care to minimize risks and adverse health events are appropriate for hospital settings.
- B. The medical conditions and situations documented above can indicate the necessity for a more intensive level of care for the performance of the requested radiologic study. All other studies can be performed in a less intensive, or non-hospital, level of care.
- C. Freestanding radiologic imaging centers may be appropriate settings for individuals without risk factors that increase rates of adverse events related to radiologic imaging. Risk factors include medical conditions that necessitate the presence of an anesthesiologist during the imaging procedure. Additionally, patient size that is larger or smaller, as in the case of children, can require specialized equipment that may not be available in a freestanding imaging center.
- D. Rates of acute adverse events related to advanced radiologic imaging procedures are rare, and are more likely to occur in inpatient settings than outpatient settings. An analysis of safety incidents related to MRI at a large academic medical center found an incident report rate of 0.35% of 362,900 MRI exams.<sup>1</sup> MRI-related incident reporting was significantly higher in inpatients compared to outpatients (0.74% [369/49,801] vs. 0.29% [921/312,288],  $P < 0.001$ ). Of the cases that resulted in a safety incident, 0.6% resulted in permanent or major harm, and 0.2% resulted in death.<sup>1</sup> Similarly, in a multi-center, multi-country observational study of acute adverse reactions to gadolinium-based contrast agents in off-label cardiovascular magnetic resonance imaging, such events occurred in .05% to .22% of cases.<sup>2</sup> 37,788 doses of gadolinium-based contrast agent were administered, 45 acute reactions occurred, and 43/45 acute reactions were classified as mild.<sup>2</sup> Furthermore, a retrospective review of pediatric radiology incident reports found a 1.54% incident report rate in interventional radiology, and 0.62% incident report rate in

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\*\* "Other medical reason" must be described in the authorization request and the patient's medical chart to allow for less frequent medical scenarios. These descriptions of other reasons will be monitored and reported to the health plan to ensure the reasons are legitimate and not covered by one of the previous reasons.

<sup>1</sup> Mansouri M, Aran S, Harvey HB, Shaqdan KW, Abujudeh HH. Rates of safety incident reporting in MRI in a large academic medical center. *J Magn Reson Imaging*. 2016 Apr;43(4):998-1007. doi: 10.1002/jmri.25055. Epub 2015 Oct 20.

<sup>2</sup> Snyder E, Zhang W1, Jasmin KC, Thankachan S, Donnelly LF. Gauging potential risk for patients in pediatric radiology by review of over 2,000 incident reports. *Pediatr Radiol*. 2018 Dec;48(13):1867-1874.

magnetic resonance imaging.<sup>3</sup> Higher rates of incidents were reported for inpatients (0.34%) as compared to outpatient (0.1%) or emergency center (0.14%) (P=0.0001).<sup>3</sup> A 2019 systematic review of adverse events related to administration of diagnostic radiopharmaceuticals noted an event rate of 1.63 per 100,000 reported, with 6.7 percent classified as “important” vs. minor.<sup>4</sup>

\*\*\*\*\*FOR HOME STATE HEALTH PLAN ONLY\*\*\*\*\*

Advanced radiologic procedures (including computed tomography, computed tomography angiography, magnetic resonance imaging (MRI), and magnetic resonance angiography) in a hospital outpatient department is **medically necessary** for any the following indications:

- A. The services being provided are only available in the hospital setting;
- B. The member is less than 10years old;
- C. 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;
  - 2. The equipment for the size of the member (that is, very small or very large) is not available in a freestanding facility;
  - 3. The member has a documented diagnosis of claustrophobia requiring open magnetic resonance imaging which is not available in a freestanding facility;
- D. The member has a known chronic disease that is expected to require imaging at multiple time points and the individual has had prior radiology imaging procedures for the diagnosis, management or surveillance of the disease at the hospital outpatient department or clinic (for example, follow-up of lung nodules, individuals with multiple sclerosis, aortic aneurysms, or inflammatory bowel disease, or individuals with cancer);
- E. The member has a known contrast allergy;
- F. The imaging is pre-operative or pre-procedure where the surgery or procedure is being performed at the hospital or affiliated site;
- G. Performance of imaging outside the hospital outpatient department or clinic would reasonably be expected to adversely impact or delay care.

**Cross Reference(s)**

- 1. Mansouri M, Aran S, Harvey HB, Shaqdan KW, Abujudeh HH. Rates of safety incident reporting in MRI in a large academic medical center. *J Magn Reson Imaging*. 2016 Apr;43(4):998-1007. doi: 10.1002/jmri.25055. Epub 2015 Oct 20.
- 2. Snyder E, Zhang W1, Jasmin KC, Thankachan S, Donnelly LF. Gauging potential risk for patients in pediatric radiology by review of over 2,000 incident reports. *Pediatr Radiol*. 2018 Dec;48(13):1867-1874.
- 3. Bruder O, Schneider S, Pilz G, et al. 2015 Update on Acute Adverse Reactions to Gadolinium based Contrast Agents in Cardiovascular MR. Large Multi-National and

<sup>3</sup> Bruder O, Schneider S, Pilz G, et al. 2015 Update on Acute Adverse Reactions to Gadolinium based Contrast Agents in Cardiovascular MR. Large Multi-National and Multi-Ethnic Population Experience With 37788 Patients From the EuroCMR Registry. *J Cardiovasc Magn Reson*. 2015 Jul 14;17:58.

<sup>4</sup> American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 723: Guidelines for Diagnostic Imaging During Pregnancy and Lactation. *Obstet Gynecol*. 2019 Jan;133(1):186.

**APPROPRIATE SITE OF SERVICE FOR ADVANCED RADIOLOGY IMAGING**

- Multi-Ethnic Population Experience With 37788 Patients From the EuroCMR Registry. J Cardiovasc Magn Reson. 2015 Jul 14;17:58.
4. American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 723: Guidelines for Diagnostic Imaging During Pregnancy and Lactation. Obstet Gynecol. 2019 Jan;133(1):186.
  5. Schreuder N, Koopman D, Jager PL, Kosterink JGW, van Puijenbroek E. Adverse Events of Diagnostic Radiopharmaceuticals: A Systematic Review. Semin Nucl Med. 2019 Sep;49(5):382-410.
  6. American Society of Anesthesiologists. Practice Advisory on anesthetic care for magnetic resonance imaging. Anesthesiology. 2015 Mar; 122(3):495-520.
  7. American Society of Anesthesiologists. Statement on nonoperating room anesthetizing locations. October 16, 2013.
  8. American Society of Anesthesiologists. Statement on practice recommendations for pediatric anesthesia. October 26, 2016.

**Corporate Policy Life History**

<b>Date of Inception:</b>	<b>Previous Review Date:</b> N/A	<b>Current Review Date:</b> October 24, 2019
<b>Previous Corporate Approval Date:</b> N/A	<b>Current Corporate Approval Date:</b>	<b>Unit Effective Date:</b>

**Associated Corporate Forms & Attachments** *(internal link(s) available to Magellan Health employees only)*

*None*

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