



Evolut Clinical Guideline 2066 for Urgent/Emergent Criteria

Guideline Number: Evolut_CG_2066	<u>Applicable Codes</u>	
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TABLE OF CONTENTS

STATEMENT	2
GENERAL INFORMATION	2
PURPOSE	2
INDICATIONS FOR EMERGENT STUDIES	2
EMERGENT STUDIES	2
INDICATIONS FOR URGENT STUDIES	2
URGENT STUDIES	2
CODING AND STANDARDS	3
CODES	3
APPLICABLE LINES OF BUSINESS	3
BACKGROUND	3
<i>Urgent/Emergent Situations</i>	3
SUMMARY OF EVIDENCE	3
ANALYSIS OF EVIDENCE	4
POLICY HISTORY	5
LEGAL AND COMPLIANCE	5
GUIDELINE APPROVAL	5
<i>Committee</i>	5
DISCLAIMER	5
REFERENCES	7

STATEMENT

General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

Purpose

Evolent reviews certain imaging studies for the existence of an urgent/emergent situation. This type of medical necessity review is only conducted for those requests where the date of service has passed (a retrospective review).

INDICATIONS FOR EMERGENT STUDIES

Emergent Studies

The requested study is required to render immediate medical attention needed to prevent loss of life, limb, or risk of significant morbidity/permanent disability such as ⁽¹⁻³⁾:

- Conditions that impair bodily functions that support life (airway, breathing & circulation)
- Conditions that are consistent with a disorder that damages tissue in a substantial fashion (e.g., compartment syndrome or thrombus/embolus)

INDICATIONS FOR URGENT STUDIES

Urgent Studies

For the evaluation of a condition that requires prompt medical intervention to prevent additional consequences to the health/wellbeing of the member. This includes preventing the medical condition from precipitating an emergency situation such as ⁽²⁾:

- Any condition that cannot be postponed for a period of time (24 hours) without risking progression to an emergent condition ^(4,5)

- Any condition that cannot be postponed for a period of time (24 hours) without risking loss of life, limb, or risk of permanent disability ⁽⁵⁾

CODING AND STANDARDS

Codes

Not Applicable for this Guideline

Applicable Lines of Business

☒	CHIP (Children’s Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

BACKGROUND

Urgent/Emergent Situations

The indications above can be applied to all imaging modalities managed by Evolent.

The indications presented herein are not intended to limit the peer clinical reviewer from using his/her independent clinical judgment. A case-by-case evaluation of the member’s clinical presentation should be conducted when determining the presence of an emergent or urgent clinical situation.

SUMMARY OF EVIDENCE

ESR guidelines for the communication of urgent and unexpected findings ⁽²⁾

Study Design: This document is a guideline issued by the European Society of Radiology (ESR) for the communication of urgent and unexpected radiological findings. It emphasizes the importance of timely communication of radiological findings to ensure patient care and safety.

Target Population: The guidelines are intended for radiologists, imaging providers, and referring doctors who are involved in the communication and management of radiological findings.

Key Factors: The document outlines the responsibilities of institutions, referrers, and radiologists in ensuring effective communication. It discusses the need for clear protocols, the importance of direct communication in emergency cases, and the use of electronic systems for timely report delivery. It also highlights the advantages and disadvantages of enhanced communication methods and provides recommendations for improving communication practices.

Current Standards for and Clinical Impact of Emergency Radiology in Major Trauma ⁽³⁾

Study Design: This is a review article published in the International Journal of Environmental Research and Public Health. It discusses the current standards and clinical impact of emergency radiology in major trauma.

Target Population: The review focuses on patients who have sustained major trauma, particularly those with high-energy injuries.

Key Factors: The article highlights the role of imaging, particularly computed tomography (CT), in the assessment and management of major trauma. It discusses the indications for CT, the importance of early and accurate imaging, and the role of interventional radiology in treating vascular injuries. The review also covers the advancements in CT technology, the development of CT protocols, and the importance of detecting vascular injuries. It emphasizes the role of radiologists within the trauma team and the impact of timely imaging on patient outcomes.

ANALYSIS OF EVIDENCE

Analysis ^(2,3):

In summary, both articles emphasize the importance of timely communication and the role of radiologists in managing urgent and emergent situations. However, "ESR 2012" focuses more on communication protocols, while "Iacobellis 2022" highlights the advancements in imaging technology and its impact on trauma management. The shared conclusions reinforce the need for effective communication and standardized protocols, while the differing conclusions provide insights into the specific areas of focus for each article.

Shared Conclusions:

- **Importance of Timely Communication:** Both articles emphasize the critical need for timely communication of radiological findings to ensure appropriate and prompt medical action. The "ESR 2012" guidelines stress the importance of clear protocols and procedures for communicating urgent and unexpected findings to improve patient safety. Similarly, "Iacobellis 2022" highlights the role of rapid imaging and communication in managing major trauma, particularly in life-threatening situations.
- **Role of Radiologists:** Both articles underline the significant responsibility of radiologists in ensuring that critical findings are communicated effectively. "ESR 2012" discusses the radiologist's duty to follow protocols and use appropriate alert mechanisms. "Iacobellis 2022" emphasizes the radiologist's role in the trauma team, particularly in the early detection and management of vascular injuries.

- **Protocols and Procedures:** Both articles advocate for the development and adherence to standardized protocols. "ESR 2012" recommends that radiology departments have written protocols for handling emergency and unexpected findings. "Iacobellis 2022" discusses the importance of having robust CT protocols for trauma patients to ensure accurate and timely diagnosis.

POLICY HISTORY

Date	Summary
July 2025	<ul style="list-style-type: none"> ● Added a Summary of Evidence and Analysis of Evidence
June 2025	<ul style="list-style-type: none"> ● This guideline number changed from 100 to 2066 ● Added in general information statement regarding guideline criteria development by reputable sources, standard of care, and best practices ● Deleted conditions that are consistent with (or precipitate) any type of shock (e.g., hypovolemic or cardiogenic)
March 2024	<ul style="list-style-type: none"> ● No significant changes

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.



Evolent Clinical Guidelines are comprehensive and inclusive of various procedural applications for each service type. Our guidelines may be used to supplement Medicare criteria when such criteria is not fully established. When Medicare criteria is determined to not be fully established, we only reference the relevant portion of the corresponding Evolent Clinical Guideline that is applicable to the specific service or item requested in order to determine medical necessity.

REFERENCES

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