



Blue Shield of California Place of Service Policy 2067 for Radiology

Administered by Evolent

Policy Number: BSC _POS_2067		<u>Applicable Codes</u>	
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STATEMENT

Purpose

This Place of Service policy provides direction for the appropriate location of imaging services based on Medical Necessity.

LEVEL OF CARE

- **LEVEL OF CARE** refers to the intensity of the services required for the patient while they are receiving care.
 - **HOSPITAL BASED IMAGING (POS 19, 21, 22):** is administered when a patient's condition requires imaging in a hospital-based setting (e.g., inpatient or hospital outpatient facility), or when no other feasible imaging center is available.
 - **OUTPATIENT IMAGING (POS 11, 24)** is administered to a patient who does not fall under the hospital-based imaging requirements

PLACE OF SERVICE

- **PLACE OF SERVICE (POS)** is the facility code that is applied to claims to describe where a medical procedure or imaging was performed. ⁽¹⁾
 - **OFFICE - POS CODE 11**

Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, state or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.
 - **OUTPATIENT HOSPITAL OFF CAMPUS - POS CODE 19**

A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
 - **HOSPITAL - POS CODE 21**

A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
 - **OUTPATIENT HOSPITAL ON CAMPUS - POS CODE 22**

A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
 - **AMBULATORY SURGERY CENTER - POS CODE 24**

A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.

POLICY AND PROCEDURE

Advanced Imaging

Diagnostic imaging including but not limited to: Computed Tomography (CT), Computed Tomography Angiography (CTA), Magnetic Resonance Angiography (MRA), Magnetic Resonance Elastography (MRE), Magnetic Resonance Imaging (MRI), Magnetic Resonance Spectroscopy (MRS), Positron Emission Tomography (PET), Single-Photon Emission Computerized Tomography (SPECT), and Sleep Study.

Place of Service alignment: Freestanding offices (POS 11) and freestanding ambulatory surgical centers (POS 24) are considered preferred sites of care for advanced imaging. Hospital-based settings (POS 19, 21, and 22) are considered non-preferred and will only be deemed appropriate when **ANY** of the following clinical criteria are met:

- Care-related indications:
 - Active treatment for cancer
 - Planned or prior transplant (e.g., solid organ, bone marrow/stem cell)
 - Recent hospitalization for the same or related condition within the past 3 months
 - Planned surgery or procedure at the same facility
 - Pregnancy ⁽²⁾
- Extenuating circumstances with any **ONE** of the following:
 - Medical condition is urgent (i.e., patient faces an imminent and serious threat to his or her health including, but not limited to, the potential loss of life, limb, or other major bodily function))
 - Patient resides in a nursing home or assisted living facility or is bedbound
 - Patient requires special equipment such as a ventilator
 - Patient has a history of IV access problems
 - Moderate-Deep Sedation is needed (e.g., general anesthesia such as for pediatric patients) ⁽³⁾
NOTE: this does **NOT** include minimal sedation for anxiety (e.g., single oral dose of sedative or analgesic)
 - History of contrast allergy with systemic symptoms such as difficulty breathing or airway compromise ⁽³⁾
 - Implantable electronic devices (such as Cardiac Implantable Electronic Devices (CIED) ⁽⁴⁾ or programmable ventriculoperitoneal (VP) shunt) and MRI is planned
 - Age < 18 and imaging facility is a pediatric center ^(3,5)

- Specialized equipment or expertise is needed that is not available at a freestanding facility for any one of the following:
 - Severe claustrophobia and open MRI is needed and not available
 - Patient exceeds weight/size limits for the scanner at a freestanding facility
 - Patient has special needs that require a higher level of care ⁽⁶⁾
 - Specialized expertise (such as special equipment or protocol) is needed for a medically complex condition

Lack of ability to meet any of the above criteria supports imaging in a non-hospital based location (POS 11 or 24)

CODING AND STANDARDS

Codes

Place of Service Codes

- 11 - Office
- 19 - Off Campus-Outpatient Hospital
- 21 - Inpatient Hospital
- 22 - On Campus-Outpatient Hospital
- 24 - Ambulatory Surgery Center

Applicable Lines of Business

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

BACKGROUND

DEFINITIONS ⁽⁷⁾

- **“MEDICAL NECESSITY” or “MEDICALLY NECESSARY”** means a service or product addressing the specific needs of that patient, for the purpose of preventing, diagnosing,

or treating an illness, injury, condition, or its symptoms, including minimizing the progression of that illness, injury, condition, or its symptoms, in a manner that is all of the following:

- In accordance with the generally accepted standards of care, including generally accepted standards of Mental Health or Substance Use Disorder care.
- Clinically appropriate in terms of type, frequency, extent, site, and duration.
- Not primarily for the economic benefit of the health care service plan and Members or for the convenience of the patient, treating physician, or other Health Care Provider.

For the avoidance of doubt, the defined term of “Medical Necessity” or “Medically Necessary” only applies to state-governed lines of business and does not include self-funded or Medicare lines of business.

SUMMARY OF EVIDENCE

SCMR expert consensus statement for cardiovascular magnetic resonance of patient with a cardiac implantable electronic device ⁽⁴⁾

The study design is a consensus statement that integrates guidelines, primary data, and expert opinions from various fields to inform evidence-based decision-making regarding the risk-benefit ratio of CMR for patients with CIEDs. The target population includes patients with CIEDs, such as pacemakers and defibrillators, who may benefit from CMR due to conditions like cardiomyopathy and arrhythmia.

Key factors discussed in the document include:

- The evolution of CIED and CMR technologies and the need for updated guidelines.
- The diagnostic and prognostic utility of CMR in patients with CIEDs.
- The development of "wideband" CMR pulse sequences to increase diagnostic yield in CIED patients.
- The safety protocols and technical considerations for performing CMR in patients with MR-conditional and non-MR-conditional CIEDs.
- The legal and risk management considerations for imaging patients with non-MR-conditional CIEDs.
- The alternative imaging modalities available for CIED patients and their limitations.
- The clinical indications for CMR in symptomatic patients with CIEDs, including the assessment of cardiomyopathy, ischemia, and infiltrative diseases.

The document emphasizes the importance of a coordinated, team-based approach to optimize MR safety in patients with CIEDs and provides recommendations for implementing standardized protocols to ensure safe and effective imaging.

ACOG Committee Opinion No. 723: Guidelines for Diagnostic Imaging During Pregnancy and Lactation ⁽²⁾

Study Design: This is a consensus guideline developed by the ACOG Committee on Obstetric Practice, endorsed by the American College of Radiology and the American Institute of Ultrasound in Medicine.

The recommendations are based on a review of the available literature, expert consensus, and periodic updates reflecting emerging evidence.

Target Population: The guidelines are intended for obstetricians, gynecologists, and other healthcare providers who care for pregnant and breastfeeding women in need of diagnostic imaging.

These guidelines aim to clarify the safety of various imaging modalities for pregnant and lactating women to avoid unnecessary avoidance of useful diagnostic tests or interruption of breastfeeding.

A systematic review of person-centered adjustments to facilitate magnetic resonance imaging for autistic patients without the use of sedation or anesthesia ⁽⁶⁾**Study Design**

The study is a systematic review that involved a comprehensive search of nine electronic databases. Out of 4442 articles screened, 53 were deemed directly relevant, and 21 were finally included in the review.

Target Population

The target population for this review includes autistic patients, both adults and children, who undergo MRI examinations.

The results of this study can inform recommendations to improve MRI practice and patient experience for autistic individuals, potentially reducing the need for sedation or anesthesia when feasible.

Practice advisory on anesthetic care for magnetic resonance imaging: an updated report by the American Society of Anesthesiologists Task Force on Anesthetic Care for Magnetic Resonance Imaging ⁽³⁾

Study Design: The study is a detailed review it involves an extensive analysis and cumulative findings of current medical literature from peer-reviewed journals.

Target Population: The target population includes at risk patients and adverse outcomes associated with MRI procedures. At risks may include age and health-related risks including but not limited to infants, elderly, need for sedation, implanted devices, high risk medical conditions, or comorbidities that may contribute to adverse MRI effects.

ANALYSIS OF EVIDENCE

Imaging decisions should include patient's risk profile, clinical indication(s), with an emphasis on patient care, extenuating circumstances, safety, and diagnostic value. For patients with cardiac implantable electronic devices, cardiovascular MRI is feasible and safe when strict protocols and multidisciplinary planning are followed, even in higher-risk scenarios. Sedation, especially in pediatric and autistic populations, with behavioral and environmental strategies prioritized. These articles collectively reinforce the importance of individualized, evidence-based imaging strategies that balance diagnostic benefit with patient safety.

POLICY HISTORY

Date	Summary
February 2026	● Adjusted language: ○ Removed guidance, added in direction and medical necessity ○ Removed emergent ○ Removed reference to cost ○ Removed need for continuity of care ○ Removed > 50 miles from facility ○ Added background section with definition of Medical Necessity provided by BSC for CA state law ● Adjusted Summary and Analysis of Evidence

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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