



Evolut Place of Service Policy 2067 for Radiology

Policy Number: Evolent_POS_2067	<u>Applicable Codes</u>	
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Original Date: April 2025	Last Revised Date: November 2025	Implementation Date: May 2025

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STATEMENT

Purpose

The following Place of Service policy is intended to provide guidance for the appropriate location of imaging services.

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. It impacts reimbursement to the facility and determines whether a procedure qualifies for specific programs. ⁽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
 - When needed for continuity of care and a clinical reason is provided
 - Planned surgery or procedure at the same facility
 - Pregnancy ⁽²⁾
- Extenuating circumstances with any **ONE** of the following:
 - Medical condition is urgent or emergent (i.e. patient could suffer harm if care is delayed)
 - Patient resides in a nursing home or assisted living facility or is bedbound
 - Patient resides greater than 50 miles from a freestanding facility
 - 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

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: The document is a committee opinion developed by the American College of Obstetricians and Gynecologists' Committee on Obstetric Practice. It reviews available literature and provides recommendations on the use of diagnostic imaging in pregnant and lactating women.

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.

Key Factors:

- **Ultrasonography and MRI:** These are the imaging techniques of choice for pregnant patients as they are not associated with risk. They should be used prudently and only when expected to answer a relevant clinical question or provide medical benefit.
- **Radiation Exposure:** Radiation exposure through radiography, CT scans, or nuclear medicine imaging techniques is generally at a dose much lower than the exposure associated with fetal harm. These techniques should not be withheld if necessary for diagnosis.
- **Gadolinium Contrast:** The use of gadolinium contrast with MRI should be limited and used only if it significantly improves diagnostic performance and is expected to improve

fetal or maternal outcomes. Breastfeeding should not be interrupted after gadolinium administration.

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.

Key Factors

- **Communication:** Customizing communication was found to be a key adjustment. This includes pre-scan interviews, sending information letters, and using visual cues to guide the patient through the procedure.
- **Environmental Adaptations:** Adjustments to the MRI environment, such as reducing noise and providing a dedicated quiet area, were highlighted as important.
- **Distraction Techniques:** The use of technology for familiarization with the MRI process and distraction techniques, such as audiovisual material, were also emphasized.
- **Scan-based Optimization:** Techniques to optimize the scan itself, such as fast acquisition protocols and motion correction strategies, were identified as beneficial.

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.

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 of the American College of Radiology (ACR) Appropriateness Criteria for jaundice. It involves an extensive analysis of current medical literature from peer-reviewed journals and the application of established methodologies such as the RAND/UCLA Appropriateness Method and the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) to rate the appropriateness of imaging and treatment procedures for specific clinical scenarios.

Target Population: The target population includes patients presenting with jaundice, which can be caused by a variety of clinical disorders such as hepatitis, alcoholic liver disease, blockage of the common bile duct by a gallstone or tumor, and toxic reactions to drugs or medicinal herbs.

The study focuses on differentiating between mechanical and non-mechanical causes of jaundice through detailed history, physical examination, and pertinent laboratory studies.

Key Factors:

- **Imaging Modalities:** The study evaluates various imaging modalities used to assess jaundice, including abdominal ultrasound (US), CT, MR cholangiopancreatography (MRCP), endoscopic retrograde cholangiopancreatography (ERCP), and endoscopic US. Each modality's appropriateness is rated based on the clinical scenario.
- **Clinical Scenarios:** The study categorizes jaundice into different variants based on the presence of predisposing conditions, suspected mechanical obstruction, and suspected medical, metabolic, or functional etiologies. The appropriateness of imaging procedures is discussed for each variant.
- **Radiation Levels:** The study also considers the relative radiation levels associated with different imaging procedures and their implications for patient safety.

Optimizing advanced imaging of the pediatric patient in the emergency department ⁽⁵⁾

Study Design

The report is a comprehensive technical document that provides a summary of imaging strategies for specific conditions where advanced imaging is commonly considered in the emergency department. It includes resources and strategies to optimize advanced imaging, such as clinical decision support mechanisms, teleradiology, shared decision-making, and rationale for deferred imaging for patients who will be transferred for definitive care.

Target Population

The target population for this study includes pediatric patients presenting to the emergency department who require advanced diagnostic imaging modalities such as ultrasonography, computed tomography (CT), and magnetic resonance imaging (MRI). The report emphasizes the unique considerations for pediatric patients, who account for 20% of total emergency department volumes.

Key Factors

- **Imaging Modalities:** The report discusses the use of ultrasonography, CT, and MRI in the evaluation and management of pediatric patients. It highlights the importance of understanding the risks and limitations associated with advanced imaging in children and the need to limit low-value imaging studies.
- **Clinical Decision Support:** The report provides resources and strategies to optimize advanced imaging, including clinical decision support mechanisms to aid clinicians at the point of care.
- **Teleradiology:** The use of teleradiology to provide efficient access to radiologic services and subspecialty pediatric radiology expertise in settings where such interpretations would be limited.
- **Shared Decision-Making:** The report emphasizes the importance of shared decision-making between healthcare professionals and patients or families to optimize imaging in children, particularly in low-risk patients.

- **Deferred Imaging:** The rationale for deferred imaging for patients who will be transferred for definitive care is discussed, highlighting the importance of ensuring that imaging strategies are optimized for children in the emergency department.

ANALYSIS OF EVIDENCE

Analysis ⁽²⁻⁶⁾:

Shared Conclusions

Patient Experience and Comfort: Both free-standing and hospital facilities emphasize the importance of patient comfort and experience. Adjustments such as communication optimization, sensory-easing interventions, and the use of technology for familiarization and distraction are highlighted in both settings to improve patient experience and reduce anxiety, especially for autistic patients undergoing MRI scans.

Use of Technology: The use of technology, such as audiovisual materials, mobile applications, and virtual reality tools, is a common strategy in both free-standing and hospital facilities to enhance patient engagement and reduce anxiety during MRI scans.

Staff Training and Communication: Both types of facilities recognize the importance of staff training and effective communication with patients and their caregivers. Customizing communication to meet the needs of autistic patients and involving parents or caregivers in the process are emphasized in both settings.

Differing Conclusions

Accessibility and Convenience: Free-standing facilities are often highlighted for their accessibility and convenience. They may offer shorter waiting times and more flexible scheduling options compared to hospital facilities. This can be particularly beneficial for patients who may have difficulty with long waiting times or rigid schedules.

Specialized Care and Equipment: Hospital facilities are generally better equipped with specialized care and advanced medical equipment. They are more likely to have access to a wider range of diagnostic tools and specialized staff, which can be crucial for complex cases or patients with multiple comorbidities. Hospital facilities may also be better prepared to handle emergencies or complications that arise during the procedure.

Cost and Resource Allocation: Free-standing facilities may offer cost advantages due to lower overhead costs and more streamlined operations. However, hospital facilities may have higher costs associated with the availability of specialized equipment and staff. The allocation of resources in hospital settings may also be more complex due to the need to balance multiple departments and services.

Analysis of Evidence

The evidence from the articles suggests that both free-standing and hospital facilities have their strengths and weaknesses when it comes to providing MRI services for autistic patients. Free-standing facilities offer advantages in terms of accessibility, convenience, and potentially lower costs. They may be more suitable for routine procedures and patients who require a less stressful environment. On the other hand, hospital facilities provide specialized care, advanced

equipment, and the ability to handle complex cases and emergencies. They are better suited for patients with multiple comorbidities or those who require a higher level of medical supervision.

In conclusion, the choice between a free-standing facility and a hospital facility for MRI services should be based on the specific needs and preferences of the patient, as well as the complexity of the medical condition being addressed. Both types of facilities can provide high-quality care, but the decision should be made on a case-by-case basis, considering factors such as patient comfort, accessibility, specialized care, and cost.

POLICY HISTORY

Date	Summary
November 2025	• Added continuity of care • Added planned surgery at same facility • Adjusted pregnancy
July 2025	• Added Summary and Analysis of Evidence
May 2025	• New Guideline

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.

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