FEP UM Guideline 003: Outpatient High Technology Diagnostic Imaging: CT/MRI/PET

Effective Date: April 1, 2024 **Related FEP Medical Policies:** 6.0 – 6.02 Radiology

Outpatient High Technology Diagnostic Imaging: CT/MRI/PET

DESCRIPTION

This document supports evaluation of medical necessity for high technology diagnostic imaging, specifically computed tomography (CT), magnetic resonance imaging (MRI) and positron emission tomography (PET) in the outpatient setting.

OBJECTIVE

The purpose is to promote patient safety, facilitate delivery of the required care and reduce overutilization of high technology diagnostic imaging services in the outpatient setting. A diagnostic imaging study can be considered appropriate when the expected health benefit (i.e., increased life expectancy, pain relief, reduction in anxiety, improved functional capacity) exceeds the expected negative consequences (i.e., mortality, morbidity, anxiety of anticipating the procedure, pain produced by the procedure, time lost from work) by a sufficiently wide margin that the procedure is worth doing. [8]

Exposure to large doses of radiation increases health risks for patients. [5] Clinical review requirements have been expanded for FEP Blue Focus to include prior approval of high technology diagnostic imaging examinations (CT/MRI/PET) to promote patient safety, provide quality care and to support positive, cost-effective outcomes.

High technology diagnostic imaging requests for CT/MRI/PET examinations that are related to immediate care of a medical emergency or associated with an inpatient hospital admission do not require prior approval and therefore are not addressed in this guideline.

This document does not determine medical necessity of inpatient care for benefit administration or is intended to replace medical judgment of a physician for treatment. This guideline does not override contractual requirements of the benefit provisions and limitations as outlined in the Blue Cross ® and Blue Shield ® Service Benefit Plan Brochure and the Blue Cross and Blue Shield Service Benefit Plan Federal Employee Program (FEP®) Blue Focus brochures.

COVERED PROVIDERS

Benefits are available for outpatient services for diagnostic tests when provided and billed by covered professional providers and facilities. (See benefit requirements and limitations in the Blue Cross and Blue Shield Service Benefit Plan Brochure and the Blue Cross and Blue Shield ® Service Benefit Plan FEP Blue Focus brochures.)

Covered facilities must meet applicable licensing and/or certification requirements in the state where services are performed.

For Members enrolled in Basic Option and FEP Blue Focus: Preferred providers must be used in order to receive benefits. See the assigned federal brochures (RI 71-005/Standard and Basic Options; and RI 71-017/FEP Blue Focus) for exceptions.

For Members enrolled in Standard Option: Preferred provider and non-preferred provider benefits apply.

CLINICAL REVIEW

This guideline specifically addresses clinical review for prior approval of high technology diagnostic imaging requests for CT, MRI, and PET examinations.

In conjunction with this guideline, related medical policy or criteria may be used for review of a specific imaging test and/or diagnosis.

Medical Necessity:

Comprehensive analysis of **relevant** clinical data that provides rationale for the procedure requested is required including, but not limited to:

- signs and symptoms
- physical examination
- relevant laboratory results
- evidence of relevant medical history, including confirmed or suspected diagnosis with circumstances indicative of a strong likelihood that disease/illness/injury exists, or that there is increased risk and/or family history
- treatment history, including failed response to conservative treatment prescribed and/or other diagnostic tests performed prior to the CT/MRI/PET examination when applicable

Outpatient high technology diagnostic imaging requests are considered **medically necessary** when **all** of the following criteria are met:

1. The CT/MRI/PET examination requested must be ordered by a physician, physician assistant, nurse practitioner, or other practitioners within the scope of licensure by the state, district, or territory.
2. There is evidence in the medical record of a clinical evaluation by the ordering provider within a reasonable amount of time prior to the CT/MRI/PET examination that is consistent with current literature and standards of medical practice.
3. Clinical evaluation indicates the possibility of a disease process, medical condition or injury that requires further investigation, and/or findings from other diagnostic imaging tests with less or no radiation exposure require further investigation for treatment.
4. The CT/MRI/PET examination requested is consistent with current literature and standards of medical practice as an appropriate test (based on accessibility in the local service area) for differentiating a diagnosis through clinical analysis and/or determining changes in the extent or nature of the existing condition/disease process. (4)
5. The CT/MRI/PET examinations requested could reasonably be expected based on current literature and standards of medical practice to result in modifications to the treatment plan, optimize management of the patient, and/or improve patient outcomes for the conditions/disease. (4)
6. The high technology diagnostic procedures must be performed by covered health care providers for coverage under the benefit provisions of the Service Benefit Plan.

Not Medically Necessary

1. The required care and/or CT/MRI/PET examination does not meet the medical necessity criteria above.

2. There is no evidence in the medical record that the CT/MRI/PET examination is being performed to differentiate a diagnosis and/or treat a disease process, medical condition and/or injury.
3. The requested CT/MRI/PET examination does not meet the definition of medical necessity* as listed in the federal brochures.

* "**Medical necessity** shall mean healthcare services that a physician, hospital, or other covered professional or facility provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms, and that are:

- In accordance with generally accepted standards of medical practice in the United States; and
- Clinically appropriate, in terms of type, frequency, extent, site, and duration; and considered effective for the patient's illness, injury, disease, or its symptoms; and
- Not primarily for the convenience of the patient, physician, or other healthcare provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results for the diagnosis or treatment of that patient's illness, injury, or disease, or its symptoms; and
- Not part of or associated with scholastic education or vocational training of the patient; and
- In the case of inpatient care, able to be provided safely only in the inpatient setting." [1,2]

References

1. 2024 Blue Cross® and Blue Shield® Service Benefit Plan Brochure (RI 71-005/Standard and Basic Options)
2. 2024 Blue Cross® and Blue Shield® Service Benefit Plan FEP® Blue Focus Brochure (RI 71-017)
3. American College of Radiology. ACR Appropriateness Criteria® 2024. Available at https://acsearch.acr.org/list. Accessed February 2024.
4. Carelon Medical Benefits Management 2023. Carelon clinical appropriateness guidelines and cancer treatment pathways. Accessed February 2024. https://guidelines.carelonmedicalbenefitsmanagement.com/
5. American Cancer Society. (August 3, 2018) Understanding Radiation Risks from Imaging Tests. https://www.cancer.org/treatment/understanding-your-diagnosis/tests/understanding-radiation-risk-from-imaging-tests.html. Accessed February 2024.
6. Centers for Medicare & Medicaid Services. (January 4,2024). Appropriate Use Criteria Program. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html. Accessed February 2024.
7. eviCore Healthcare. Clinical Guidelines: https://www.evicore.com/provider/clinical-guidelines-details?solution=cardiology%20and%20radiology&hPlan=eviCore%20healthcare&search=. Accessed February 2024.
8. Food and Drug Administration. Initiative to Reduce Unnecessary Radiation Exposure from Medical Imaging; Appropriate Use (06/14/2019). fda.gov/radiation-emitting-products/initiative-reduce-unnecessary-radiation-exposure-medical-imaging/appropriate-use. Accessed February 2024.
9. Choosing Wisely-Imaging. https://www.choosingwisely.org/?s=imaging. Accessed February 2024.
10. U.S. Food and Drug Administration. Computed Tomography (CT). https://www.fda.gov/radiation-emitting-products/medical-x-ray-imaging/computed-tomography-ct#5a.. Accessed February 2024.

HISTORY – This policy was approved by the FEP® Pharmacy and Medical Policy Committee according to the history below:

Date	Action	Description
March 2019	New guideline	UM Guideline for High Technology Diagnostic Imaging: CT/MRI/PET
March 2020	Update	References updated. Policy guideline unchanged.
March 2021	Update	Clarifying statement added: “Medical policy or criteria specific to an imaging test/diagnosis should be used, when available, in conjunction with this guideline (see related medical policies)”. Guideline criteria unchanged. References updated
March 2022	Update	FDA references added. Guideline criteria unchanged. References updated.
March 2023	Update	Guideline criteria unchanged. References updated.
March 2024	Update	Guideline criteria unchanged. References updated.