

Marketplace National Regional Benefit Interpretation Document

Benefit Name	DIAGNOSTIC AND RADIOLOGY SERVICES (LABS & SCANNING SERVICES) (NON PREVENTIVE)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses inpatient and outpatient diagnostic and therapeutic radiological services, including standard X-rays and specialized scanning, imaging, and other specialized procedures.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p>Essential Health Benefits for Individual and Small Group For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA: CASB-1034 Health Care: Mammograms</p>

[SECTION 1. Section 123222.3 of the Health and Safety Code](#)

[Basic Health Care Services](#)

[Citations: 28 CCR 1300.67](#)

Effective Date: October 16, 2003

[Cal. Code of Regs., tit. 28, section 1300.67.01 COVID-19 Diagnostic Testing](#)

FLORIDA:

[Fla. Admin. Code 690-191.024\(15\)\(d\)](#): Ambulatory Diagnostic Treatment

ILLINOIS:

[50 IAC 4521.130](#)- Basic Health Care Services

MICHIGAN:

MCL500.3519(3)- Imaging

MCL500.3519(3)- Diagnostic tests

OHIO:

[Ohio Rev. Code 1751.01\(A\)\(1\)\(f\)](#): Health insuring corporation law definitions.

TEXAS:

[Texas Insurance Code Art. 21.53C: Sec. 3. Osteoporosis Benefits. Sec. 1361.003. Effective 4/1/2005 Coverage Required](#)

[Sec. 1376.003. Minimum Coverage Required](#)

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

DIAGNOSTIC PROCEDURES

CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, OHIO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN:

Physician Services: Molina covers the following outpatient physician services including, but not limited to:

- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures (Non-Preventive)

KENTUCKY:

Physician Services: Passport covers the following outpatient physician services including:

- Diagnostic procedures, including colonoscopies; cardiovascular testing, including pulmonary function studies; and neurology/neuromuscular procedures (Non-Preventive)

NEW MEXICO:

Diagnostic procedures including:

- Bone density studies
- Clinical laboratory tests
- Colonoscopies (colonoscopies include removal of polyps during the procedure that is at no cost sharing to the member)
- Cardiovascular testing and neurology/neuromuscular procedures
- Gastrointestinal lab procedures
- Pulmonary function tests

TEXAS:

Diagnostic procedures, including colonoscopies, including a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every 5 years, or a colonoscopy performed every 10 years; cardiovascular testing, including pulmonary function studies atherosclerosis and abnormal artery structure screening for diabetic enrollees and certain enrollees who have a documented medical risk of developing coronary heart disease; and neurology/neuromuscular procedures (Non-Preventive)

LABORATORY TESTS, RADIOLOGY (X-Rays), and SPECIALIZED SCANNING SERVICES

CALIFORNIA:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members to select an

appropriate facility for these services. Separate Cost Sharing may apply for professional services and facility services. The Member must receive these services from Participating Providers; otherwise, the services are not covered, the Member will be 100% responsible for payment to Non-Participating Providers, and the payments will not apply to the Deductible or OOPM.

FLORIDA:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Benefit Policy.

IDAHO:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services. Covered scanning services can include CT Scans, PET Scans and MRIs with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Benefit Policy.

Idaho has out-of-network benefits, so services are covered if out-of-network services are used for X-Rays and Diagnostic Imaging, Imaging (CT/PET Scans, MRIs)

ILLINOIS:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, pathology, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy. Molina covers laboratory tests to assist Members in deciding what birth control method to use.

KENTUCKY:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Passport covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Passport can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary

dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

Passport will also cover genetic tests for cancer risk which are recommended by a physician, physician assistant, genetic counselor, or advanced practice registered nurse. You will not be required to pay a co-pay or deductible for a genetic cancer risk test.

Passport will cover colorectal cancer examinations and laboratory tests without co-pay or deductible.

Passport will also cover bone density testing for women age thirty-five (35) years and older, to obtain baseline data for the purpose of early detection of osteoporosis.

MICHIGAN:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members to select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy. Molina covers breast cancer diagnostic services.

MISSISSIPPI:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members to select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

NEW MEXICO:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans, MRI, and Digital breast tomosynthesis (3D mammography). Prior Authorization may be required. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

OHIO:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

SOUTH CAROLINA:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members to select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

TEXAS:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services

(Inpatient and Outpatient): Molina covers laboratory, radiology (including X-ray and outpatient therapeutic radiology services) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy. Services are subject to either outpatient or inpatient Cost Sharing

UTAH:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRIs with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

WASHINGTON:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRIs with Prior Authorization. Molina can assist Members select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services

Benefit Policy. Molina covers laboratory tests to assist Members in deciding what birth control method to use.

WISCONSIN:

Laboratory Tests, Radiology (X-Rays), and Specialized Scanning Services:

Molina covers laboratory, radiology (including X-ray) and scanning services at a Participating Provider. Covered scanning services can include CT Scans, PET Scans and MRI with Prior Authorization. Molina can assist Members to select an appropriate facility for these services. Limited coverage for Medically Necessary dental and orthodontic X-rays is outlined in the Dental and Orthodontic Services Benefit Policy.

MORE INFORMATION

Refer to the member’s Evidence of Coverage (EOC) for additional information regarding limitations.

Refer to the Benefit Interpretation Policy titled **Preventive Care Services** and **Physician Services** for additional information

D. NOT COVERED

Refer to the member’s Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

X-Rays and Diagnostic Imaging, Imaging (CT/PET Scans, MRIs)

CALIFORNIA, FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

Services are not covered if out-of-network services are used.

E. DEFINITIONS

[See Glossary](#)

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> Added KY 2022 Drafted Language
5/14/2021	<ul style="list-style-type: none"> Added IL 2022 Drafted Language

	6/28/2021	<ul style="list-style-type: none"> Added ID 2022 EOC Language 														
Procedure Codes (Internal Use Only)	<p>BI Policy Configuration Lab Test, Radiology and Scanning Services</p> <p>Coding Disclaimer: Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT[®]), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.</p>															
Prior Authorization	<p>For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:</p> <ol style="list-style-type: none"> Covered and No PA Required Not Covered <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p>PA Lookup Tool</p>															
Approval	<table border="1"> <thead> <tr> <th data-bbox="464 1226 686 1293">Departments</th> <th data-bbox="686 1226 930 1293">Product</th> <th data-bbox="930 1226 1166 1293">CIM</th> <th data-bbox="1166 1226 1419 1293">Clinical Management</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 1293 686 1331">Date</td> <td data-bbox="686 1293 930 1331">12/22/2020</td> <td data-bbox="930 1293 1166 1331">1/11/2021</td> <td data-bbox="1166 1293 1419 1331">3/16/2021</td> </tr> <tr> <td data-bbox="464 1331 686 1400">Revised (for 1/1/2022)</td> <td data-bbox="686 1331 930 1400">10/26/2021</td> <td data-bbox="930 1331 1166 1400"></td> <td data-bbox="1166 1331 1419 1400">10/26/2021</td> </tr> </tbody> </table>				Departments	Product	CIM	Clinical Management	Date	12/22/2020	1/11/2021	3/16/2021	Revised (for 1/1/2022)	10/26/2021		10/26/2021
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