

**Marketplace National Regional Benefit Interpretation Document**

|                           |   |
|---------------------------|---|
| <b>Benefit Name</b>       | DIAGNOSTIC AND RADIOLOGY SERVICES (LABS & SCANNING SERVICES) (NON PREVENTIVE)   |
| <b>Applicable State</b>   | California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin   |
| <b>Benefit Definition</b> | <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><b>Essential Health Benefits for Individual and Small Group</b></p> <p>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><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>CALIFORNIA:</b></p> <p style="text-align: center;"><a href="#">CA SB-1034 Health Care: Mammograms</a></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](#)

**SB 535 (APL 21-025):**

Prohibits plans, on or after July 1, 2022, from requiring prior authorization for

- 1) biomarker testing for an enrollee with advanced or metastatic stage 3 or 4 cancer or
- 2) biomarker testing for cancer progression or recurrence in the enrollee with advanced or metastatic stage 3 or 4 cancer.

Allows a plan to require prior authorization for biomarker-testing that is not for an FDA-approved therapy for advanced or metastatic stage 3 or 4 cancer.

**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](#)

§11.508(a)(1)

**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, including Vitamin D testing. 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 section of this Agreement. 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 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. Molina covers blood, blood products, and blood storage, including the services and supplies of a blood bank.

**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.



|  | <b>E. DEFINITIONS</b>  |           |                     |  |             |                    |           |  |           |  |           |  |                        |            |          |            |
|--|--|-----------|---------------------|--|-------------|--------------------|-----------|--|-----------|--|-----------|--|------------------------|------------|----------|------------|
|  | <a href="#">See Glossary</a>   |           |                     |  |             |                    |           |  |           |  |           |  |                        |            |          |            |
|  | <b>F. POLICY HISTORY/REVISION INFORMATION</b>  |           |                     |  |             |                    |           |  |           |  |           |  |                        |            |          |            |
|  | <table border="1"> <thead> <tr> <th data-bbox="467 487 912 525">Date</th> <th data-bbox="912 487 1419 525">Action/Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 525 912 672">4/15/2021</td> <td data-bbox="912 525 1419 672"> <ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul> </td> </tr> <tr> <td data-bbox="467 672 912 745">5/14/2021</td> <td data-bbox="912 672 1419 745"> <ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul> </td> </tr> <tr> <td data-bbox="467 745 912 823">6/28/2021</td> <td data-bbox="912 745 1419 823"> <ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul> </td> </tr> </tbody> </table>   |           |                     |  | Date        | Action/Description | 4/15/2021 | <ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul> | 5/14/2021 | <ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul> | 6/28/2021 | <ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul> |                        |            |          |            |
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| Procedure Codes<br>(Internal Use Only) | <p>BI Policy Configuration Lab Test, Radiology and Scanning Services</p> <p><b>Coding Disclaimer:</b> 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"> <li>Covered and No PA Required</li> <li>Not Covered</li> </ol> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>  |           |                     |  |             |                    |           |  |           |  |           |  |                        |            |          |            |
| Approval                               | <table border="1"> <thead> <tr> <th data-bbox="467 1646 688 1717">Departments</th> <th data-bbox="688 1646 932 1717">Product</th> <th data-bbox="932 1646 1166 1717">CIM</th> <th data-bbox="1166 1646 1419 1717">Clinical Management</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1717 688 1755">Date</td> <td data-bbox="688 1717 932 1755">12/22/2020</td> <td data-bbox="932 1717 1166 1755">1/11/2021</td> <td data-bbox="1166 1717 1419 1755">3/16/2021</td> </tr> <tr> <td data-bbox="467 1755 688 1827">Revised (for 1/1/2022)</td> <td data-bbox="688 1755 932 1827">10/26/2021</td> <td data-bbox="932 1755 1166 1827">3/3/2022</td> <td data-bbox="1166 1755 1419 1827">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 | 3/3/2022 | 10/26/2021 |
| Departments                            | Product  | CIM       | Clinical Management |  |             |                    |           |  |           |  |           |  |                        |            |          |            |
| Date                                   | 12/22/2020   | 1/11/2021 | 3/16/2021           |  |             |                    |           |  |           |  |           |  |                        |            |          |            |
| Revised (for 1/1/2022)                 | 10/26/2021   | 3/3/2022  | 10/26/2021          |  |             |                    |           |  |           |  |           |  |                        |            |          |            |





Marketplace Benefit Interpretation

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|--|---------------------------|------------|--|------------|
|  | Revised (for<br>1/1/2023) | 11/15/2022 |  | 11/15/2022 |
|  |                           |            |  |            |