

# Diagnostic and Therapeutic Radiology Services

**Policy Number:** BIP136.K  
**Effective Date:** November 1, 2023

[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> <li><a href="#">Preventive Care Services</a></li> </ul>
Related Medical Management Guidelines
<ul style="list-style-type: none"> <li><a href="#">Breast Imaging for Screening and Diagnosing Cancer</a></li> <li><a href="#">Thermography</a></li> </ul>

## Federal/State Mandated Regulations

**Note:** The most current federal/state mandated regulations for each state can be found in the links below.

### Oklahoma

#### **OK Statute Title 36 section 6060.1 Bone Density Testing**

<https://www.oscn.net/applications/oscn/deliverdocument.asp?id=87359&hits=>

- A. All individual and group health insurance policies providing coverage on an expense incurred basis, and all individual and group service or indemnity type contracts issued by a nonprofit corporation which provide coverage for a female forty-five (45) years of age or older in this state, except for policies that provide coverage for specified disease or other limited benefit coverage, shall include the coverage specified by this section for a bone density test to qualified individuals covered by the policy when such test is requested by a primary care or referral physician. The test shall be subject to the policy deductible, copayments and coinsurance limits of the plan; provided, however, no policy or contract shall be required to reimburse more than One Hundred Fifty Dollars (\$150.00) for any such test.
- B. For purposes of this section:
  - (1) "Qualified individual" means an individual:
    - a. With an estrogen hormone deficiency,
    - b. With:
      - (1) Vertebral abnormalities,
      - (2) Primary hyperparathyroidism, or
      - (3) A history of fragility bone fractures,
    - c. Who is receiving long-term glucocorticoid, or
    - d. Who is currently under treatment for osteoporosis; and
  - (2) "Bone density test" means a medically accepted measurement of bone mass used to detect low bone mass and to determine a qualified individual's risk for osteoporosis.

### Texas

#### **Sec. 1361.003 Effective 04/01/2005 Coverage Required**

<https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1361&Phrases=1361.003&HighlightType=1&ExactPhrase=False&QueryText=1361.003>

A group health benefit plan must provide to a qualified enrollee coverage for medically accepted bone mass measurement to detect low bone mass and to determine the enrollee's risk of osteoporosis and fractures associated with osteoporosis.

## Sec. 1376.003 Minimum Coverage Required

<https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1376&Phrases=1376.003&HighlightType=1&ExactPhrase=False&QueryText=1376.003>

- a) A health benefit plan that provides coverage for screening medical procedures must provide the minimum coverage required by this section to each covered individual (**Applies to policies issued or renewed on or after 01/01/2010**):
- 1) Who is:
    - a. A male older than 45 years of age and younger than 76 years of age; or
    - b. A female older than 55 years of age and younger than 76 years of age; and
  - 2) Who:
    - a. Is diabetic; or
    - b. Has a risk of developing coronary heart disease, based on a score derived using the Framingham Heart Study coronary prediction algorithm, that is intermediate or higher.
- b) The minimum coverage required to be provided under this section is coverage of up to \$200 for one of the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five years, performed by a laboratory that is certified by a national organization recognized by the commissioner by rule for the purposes of this section:
- 1) Computed tomography (CT) scanning measuring coronary artery calcification; or
  - 2) Ultrasonography measuring carotid intima-media thickness and plaque.

## State Market Plan Enhancements

None

## Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Diagnostic and therapeutic radiological services (inpatient or outpatient) used for screening, detection or treatment of disease, when such services are determined to be medically necessary.

- **Standard X-rays** are covered for the diagnosis of an illness or injury, or to screen for certain defined diseases.
- **Specialized scanning, imaging and other specialized procedures** are covered for the diagnosis and ongoing medical management of an illness or injury.

Examples include, but are not limited to:

- **Standard X-rays**
  - Bone mineral density studies (including ultrasound and DEXA scans)
  - Intravenous pyelogram (IVP)
  - Kidney, ureter and bladder (KUB) X-ray
  - Mammograms, including digital mammograms. Refer to Medical Management Guideline titled [Breast Imaging for Screening and Diagnosing Cancer](#)
  - Obstetrical ultrasound
  - Oral and rectal contrast gastrointestinal studies (such as upper GIs, barium enemas, and oral cholecystograms)
  - Plain film X-rays
- **Specialized Scanning, Imaging and Other Specialized Procedures**
  - Computed tomography (CT scan)
  - Invasive radiological procedures such as myelogram, cystogram, angiogram (includes heart catheterization), arthrogram
  - Magnetic resonance angiogram (MRA)
  - Magnetic resonance imaging (MRI). Refer to Medical Management Guideline titled [Breast Imaging for Screening and Diagnosing Cancer](#)
  - Nuclear scans

- Other specialized procedures.
- Positron emission tomography (PET) scans when medical criteria are met
- Single photon emission computed tomography (SPECT)
- Ultrasonography (except obstetrical ultrasound or bone density ultrasound; Refer to **standard X-rays**)

## Not Covered

Non-medically indicated or unnecessary radiological services (diagnostic and/or therapeutic) which include, but are not limited to:

- Experimental or unproven tests not medically indicated
- Radiology studies requested by an employer or school
- Radiological tests and procedures in preparation for or during a non-covered service
- Thermography

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
11/01/2023	All	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>● Removed <i>Definitions</i> section</li> <li>● Archived previous policy version BIP136.J</li> </ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.