



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Radiology Services	Policy #	3.27-P
Policy Owner	Utilization Management	Original Effective Date	10/2004
Revision Effective Date	10/04/2024	Approval Date	5/27/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To define Kern Health Systems' (KHS) utilization management requirements and claims payment rules for radiology services.

II. POLICY

- A. Contracted providers are required to obtain prior authorization, unless special circumstances require use of a non-contracted provider, pre-arranged by KHS or determined by KHS to be emergent or urgent in nature. In order to provide continuity of care, KHS will under certain conditions authorize care by a non-contracted provider.
 - 1. See KHS Policy and Procedures #3.39 –Continuity of Care by Terminated Providers and #3.40 –Continuity of Care for New Members for details.
- B. The referral and authorization process will conform to the requirements outlined in the following statutory, regulatory, and contractual sources:
 - 1. Code of Federal Regulations Title 42 §§431.211; 431.213; and 431.214
 - 2. California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
 - 3. California Code of Regulations Title 28 §1300.70(b) and (c)
 - 4. California Code of Regulations Title 22 §§51014.1; 51014.2; and 53894
 - 5. California Code of Regulations Title 22§ 51303 Investigational Services
 - 6. California Code of Regulations Title 22 §51311

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

A. Access

1. Emergency radiology procedures do not require prior authorization and may be received from any qualified provider. See KHS Policy and Procedure #3.31 – Emergency Services for additional information regarding emergency radiology procedures.
2. The following radiology procedures do not require prior authorization, but must be directed to contracted practitioners/providers:
 - a. Procedures included in KHS Policy and Procedure #3.25 – Prior Authorization Services and Procedures.
 - b. Plain X-rays ordered by a KHS contracted Provider
 - c. Mammograms for women aged forty (40) or older in accordance with utilization management guidelines as outlined in KHS Policy and Procedure #3.05 – Preventive Medical Care
 - d. Services provided during an authorized inpatient stay
3. All other radiology procedures require prior authorization and must be directed to contracted practitioners/providers unless the needed services are not available in network.

B. Covered Services

1. Covered radiology services include examinations, tests, and therapeutic services ordered by a licensed practitioner/provider within his scope of practice as defined by California law, for the purpose of providing information for diagnosis, prevention, or treatment of any disease, injury or impairment, or the assessment of the health of, human beings, or used as an aid in the prevention, prognosis, monitoring, or treatment of a physiological or pathological condition or illness.¹

C. Reimbursement

1. Claims must be submitted and are processed in accordance with KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement. See KHS Policy and Procedure #3.31 – Emergency Services for details regarding reimbursement of emergency radiology services.
2. Radiology services which are included in an authorized per diem or case rate payment are not separately reimbursed to any practitioner/provider, including sub-contracted practitioner/providers. By Report Procedures are forwarded to the Director of Claims for pricing.

3. KHS only reimburses practitioners for the professional component of Current Procedural Terminology (CPT) codes when the reading is performed by a KHS contracted radiologist or by a KHS contracted specialist who has received training to do so. A written report must be generated in order to receive reimbursement. If deemed necessary, the Chief Medical Officer or his/her designee will consult with the Physician Advisory Committee to determine adequacy of training.

D. Delegated Oversight

1. KHS is responsible for ensuring that all delegates comply with all applicable state and federal law and regulations, contract requirements, and other Department of Healthcare Services (DHCS) guidance including All Plan Letters (APLs) and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

Attachment A:	N/A
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VI. REFERENCES

Reference Type	Specific Reference
Other KHS Policies	3.39 –Continuity of Care by Terminated Providers
Other KHS Policies	3.40 –Continuity of Care for New Members
Regulatory	Code of Federal Regulations Title 42 §§431.211; 431.213; and 431.214
Regulatory	California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
Regulatory	California Code of Regulations Title 28 §1300.70(b) and (c)
Regulatory	California Code of Regulations Title 22 §§51014.1; 51014.2; and 53894
Regulatory	California Code of Regulations Title 22§ 51303 Investigational Services
Regulatory	California Code of Regulations Title 22 §51311
Other KHS Policies	3.31-P Emergency Services
Other KHS Policies	3.25-P Prior Authorization Services and Procedures
Other KHS Policies	3.05 – Preventive Medical Care
Regulatory	CCR Title 22 §51311 ¹
Other KHS Policies	6.01-P Claim Submission Reimbursement

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2024-10	Routine review by Senior Director of Health Services Officer.	B.G. Utilization Management
Revised	2020-07	Routine review by Chief Health Services Officer.	Utilization Management
Revised	2014-11	Review required per Policy 14.05-I.	Utilization Management
Revised	2004-03	CCR Title 22 §51311	Utilization Management

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.	N/A	

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Choose an item.	N/A	

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Financial Officer		
Chief Operating Officer		
*Signatures are kept on file for reference but will not be on the published copy		



Policy and Procedure Review

KHS Policy & Procedure: 3.27- P Radiology Services

Last approved version: 08/31/2020

Reason for revision: Per annual policy routine review

Director Approval		
Title	Signature	Date Approved
Senior Director of Health Services Christine Pence		
Medical Director of Utilization Management Dr. Maninder Khalsa		
Director of Utilization Management Amanda Gonzalez		
Senior Director of Provider Network Amisha Pannu		
Senior Director of Member Services Nate Scott		

Date posted to public drive: _____

Date posted to website ("P" policies only) : _____