



KERN HEALTH SYSTEMS

Policy and Procedure Review/ Revision

Policy 3.27-P Radiology Services has been revised and is provided here for your review and approval.

Reviewer	Date	Comment/Signature
Doug Hayward	8/31/20	<i>Doug Hayward</i>
Dr. Tasinga	8/26/2020	<i>M Tasinga</i>
Alan Avery	8/24/2020	Approved via Email-Alan Avery
Deb Murr	8/24/2020	<i>Deborah (Murr) RA</i>
Robin Dow-Morales	08/14/2020	<i>Robin Dow-Morales</i>
Shannon Miller	7/20/2020	<i>Shannon Miller, MD</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes ___ No ___ Date of approval by PAC: _____
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: _____
 DMHC submission: _____
 Provider distribution: _____



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Radiology Services				POLICY #: 3.27-P	
DEPARTMENT: Utilization Management					
Effective Date: 10/2004	Review/Revised Date: 08/31/2020	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
 Douglas A. Hayward
 Chief Executive Officer

_____ Date _____
 Chief Medical Officer

_____ Date _____
 Chief Operating Officer

_____ Date _____
 Chief Health Services Officer

_____ Date _____
 Director of Claims

_____ Date _____
 Director of Utilization Management

POLICY:

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. See *KHS Policy and Procedures #3.39 –Continuity of Care by Terminated Providers* and *#3.40 – Continuity of Care for New Members* for details.

The referral and authorization process will conform to the requirements outlined in the following statutory, regulatory, and contractual sources:

- Code of Federal Regulations Title 42 §§431.211; 431.213; and 431.214
- California Health and Safety Code §§1363.5; 1367.01; 1371.4; 1374.16
- California Code of Regulations Title 28 §1300.70(b) and (c)
- California Code of Regulations Title 22 §§51014.1; 51014.2; and 53894
- California Code of Regulations Title 22§ 51303 Investigational Services
- California Code of Regulations Title 22 §51311

PROCEDURES:

1.0 ACCESS

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.

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 – Automatic Authorizations*
- B. Plain X-rays ordered by a KHS contracted Provider
- C. Mammograms for women age 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

All other radiology procedures require prior authorization, and must be directed to contracted practitioners/providers.

2.0 COVERED SERVICES

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.ⁱ

3.0 REIMBURSEMENT

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.

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.

KHS only reimburses practitioners for the professional component of 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.

4.0 DELEGATED OVERSIGHT

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

REFERENCE:

Revision 2020-07: Routine review by Chief Health Services Officer. **Revision 2014-11:** Review required per Policy 14.05-I. 2004-03: ⁱ CCR Title 22 §51311