



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Radiology Services				POLICY #: 3.27-P	
DEPARTMENT: Utilization Management					
Effective Date: 10/2004	Review/Revised Date: 11/14/2014	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	



 Douglas A. Hayward
 Chief Executive Officer

Date 11/14/14



 Chief Medical Officer

Date 11/14/14



 Chief Operating Officer

Date 11/14/14



 Director of Claims

Date 11/10/14



 Director of Health Services

Date 11/6/14

POLICY:

Emergency services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- 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 Primary Care Practitioner (PCP)
- 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.¹

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. The Medical Director in consultation with the Physician Advisory Committee will determine adequacy of training.

REFERENCE:

Revision 2014-11: Review required per Policy 14.05-I. 2004-03: ¹ CCR Title 22 §51311