

Marketplace National Regional Benefit Interpretation Document

Benefit Name	DIAGNOSTIC AND RADIOLOGY SERVICES (LABS & SCANNING SERVICES) (NON-PREVENTIVE)
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<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>Essential Health Benefits for Individual and Small Group</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>A. FEDERAL/STATE MANDATED REGULATIONS</p> </div> <p>Note: The most current federal/state mandated regulations for each state can be found in the links below.</p> <p>CALIFORNIA:</p> <p>CA SB-1034 Health Care: Mammograms</p> <p>SECTION 1. Section 123222.3 of the Health and Safety Code</p>

[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.

[SB 496](#) - Biomarker testing- Effective 7/1/2024, the CA health plan must cover medically necessary biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's disease or condition to guide treatment decisions. Biomarker testing includes, but is not limited to, single-analyte tests, multiplex panel tests, and whole genome sequencing.

FLORIDA:

[Fla. Admin. Code 690-191.024\(15\)\(d\)](#): Ambulatory Diagnostic Treatment

ILLINOIS:

[50 IAC 4521.130](#): Basic Health Care Services

[HB 3809](#): Children Neuromuscular Impairment Coverage

KENTUCKY:

[Ky. Rev. Stat. § 304.17316\(2\)\(b\)](#): Coverage for mammograms

[Ky. Rev. Stat. § 304.17A-263](#): Coverage under health benefit plan for biomarker testing

[Ky. Rev. Stat. § 304.17A-259](#): Coverage under health benefit plan for genetic test for cancer risk

[Ky. Rev. Stat. § 304.17A-257](#): Coverage under health benefit plan for colorectal cancer examinations and laboratory tests

[Ky. Rev. Stat. § 304.17A-134](#): Coverage for medical and surgical benefits with respect to mastectomy, diagnosis and treatment of endometrioses and endometritis, and bone density testing -- Requirements for health benefit plan

MICHIGAN:

[MCL500.3519\(3\)](#): Imaging

[MCL500.3519\(3\)](#): Diagnostic tests

NEVADA:

[SB 330 prohibition on any cost sharing for all breast cancer imaging \(screening and diagnostic\)](#)

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)

WASHINGTON:

[WAC 284-43-5642](#): Essential health benefit categories

[RCW 48.43.078](#): Digital breast tomosynthesis—Intent to ensure women with access—Commissioner's and health care authority's duty to clarify mandates

[RCW 48.43.076](#): Digital breast examinations—Cost sharing

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, NEVADA, 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.

Neuromuscular Impairment in Children: Molina provides Medically Necessary Covered Services for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment.

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.

Passport will cover biomarker testing when ordered by a qualified health care provider operating within the provider's scope of practice for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of an insured's disease or condition when the test is supported by medical and scientific evidence.

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.

NEVADA:
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. Molina covers laboratory tests to assist Members in deciding what birth control method to use.

In accordance with State Law, Molina covers all breast cancer imaging (screening and diagnostic) at no Cost Sharing for Members. These services include a mammogram annually for Members 40 years of age or older and imaging tests to screen for breast cancer on an interval and at the age deemed most appropriate, when Medically Necessary, as recommended by the Member's PCP based on personal or family medical history or additional factors that may increase the risk of breast cancer. Molina also covers diagnostic imaging tests for breast cancer at the age deemed most appropriate, when Medically Necessary, as recommended by the Member's PCP to evaluate abnormalities seen or suspected from a mammogram, imaging tests or detected by other means of examination.

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. Prior Authorization may be required. for covered scanning services can include CT Scans, PET Scans, MRI. and). Mammograms are covered for symptomatic or high risk women at any time upon referral of the member's health care provider. One baseline mammogram covered for individuals age thirty-five through thirty-nine, which includes Digital breast tomosynthesis (3D mammography) See the preventive coverage section in this Agreement for preventive coverage. 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. Cost share applies.

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.

Molina will cover biomarker testing when ordered by a qualified health care provider operating within the provider's scope of practice in a manner that limits disruption in care, including limiting the number of biopsies and biospecimen samples, for the purpose of diagnosis, treatment, appropriate management, or ongoing monitoring of a member's disease or condition when the test is supported by medical and scientific evidence including but not limited to:

1. Labeled indications for an FDA-approved or FDA-cleared test;
2. Indicated tests for an FDA-approved drug;
3. Warnings and precautions on FDA-approved drug labels;
4. Centers for Medicare and Medicaid Services national coverage determinations;
5. Medicare Administrative Contractor local coverage determinations;
6. Nationally recognized clinical practice guidelines; or
7. Consensus statements.

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, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:

