

# Diagnostic Tests

## In General

Such tests may *be done by* either a physician-controlled facility, a hospital, an independent clinic or a mobile unit. Such tests must be under the direct control and supervision of a physician. Except for the mobile screening unit, such tests must be ordered by a physician and be necessary for the care and treatment of an illness or injury.

## X-Rays

There are two types of X-ray services; one is diagnostic and the other is therapeutic. A benefit is provided for the cost of diagnostic X-ray examination, including the cost of physician's services for taking an interpreting the X-ray picture, and use of X-ray equipment, plates and film. No benefit is provided under this coverage for therapeutic use of X-rays such as X-ray therapy for cancer, bursitis, dermatitis, etc.

When a hospital radiologist does the initial interpretation of a radiological exam which such radiologist or a qualified technician performed on a hospital patient, the interpretation is covered as a physician's service. In addition, when a hospital radiologist interprets an X-ray that has already been interpreted by another physician, that interpretive service almost always constitutes patient care and thus, would also qualify as a physician's service. The radiologist's interpretation is a specialist's evaluation of the interpretation of the attending physician or the emergency room physician, and the radiologist's findings could affect the course of treatment initiated or cause a new course of treatment to begin. The fact that the particular patient is no longer on the hospital premises at the time the radiologist interprets the X-ray should not be the controlling factor in deciding whether there was a physician's service, since the patient may be recalled. If, on the other hand, the radiologist is interpreting the X-ray solely for *quality control* purposes, e.g., randomly selecting films to appraise the technician's performance, quality of the film or equipment, etc., the service should be considered a hospital service.

## CAT/MRI

There are certain diagnostic tests which are occasionally difficult to the examiner and also somewhat expensive.

**Computerized Tomography.** This is sometimes referred to as Computerized Axial Tomography (CAT). Diagnostic examinations of the head and body by CAT scans if the examiner finds them to be reasonable and customary and done on acceptable CAT scan equipment.

**Magnetic Resonance Imaging.** Magnetic Resonance Imaging (MRI) is a noninvasive method of graphically representing the distribution of water and other

hydrogen-rich molecules in the human body. In contrast to conventional radiographs or CAT scans, in which the image is produced by X-ray beam attenuation by an object, MRI is capable of producing images by several techniques. In fact, various combinations of MRI image production methods may be employed to emphasize particular characteristics of the tissue or body part being examined. For the most part MRI is acceptable and fully covered by the plan. The MRI must be reasonable and customary, as established by a medical consultant, and also the MRI must be on the FDA-approved list.

## Cardiologic

**Electrocardiograph (EKG) Services.** Reimbursement may be made for EKG services rendered by a physician or incident to his services or by a laboratory or supplier of portable X-ray services. Since there is no coverage for EKG services of any type rendered on a screening basis or as part of a routine examination, the claim must indicate the signs and symptoms or other clinical reason necessitating the services. A separate charge by an attending or consulting physician for EKG interpretation should be allowed only where it is the normal practice to make such charge in addition to the regular office visit charge. No payment should be made for EKG interpretations by individuals other than physicians.

**Plethysmography.** Plethysmography involves the measurement and recording (by one of several methods) of changes in the size of a body part as modified by the circulation of blood in that part. Plethysmography is of value as a noninvasive technique for diagnostic, preoperative and postoperative evaluation of peripheral artery disease in the internal medicine or vascular surgery practice.

**Laboratory Tests for Cardiac Renal Disease (CRD) Patients.** Laboratory tests are essential to monitor the progress of CRD patients. The following list and frequencies of tests that are covered. Bills for other types of tests are considered nonroutine. Routine tests at greater frequencies must include medical justification. Nonroutine tests generally are justified by the diagnosis.

## Laboratory

Special rules of reasonableness, other than dollar amount of medical necessity, may be followed with laboratory tests. A diagnostic laboratory test, whether performed in a physician's office, in an independent laboratory, or in another laboratory, is to be treated as a *laboratory service*. The term, *another laboratory*, refers to such examples as a reference laboratory that performs services only for other laboratories, or a hospital laboratory functioning as an independent laboratory. Also, when physicians and approved laboratories perform the same test, whether manually or with automated equipment, the services will be deemed similar.

**Determining prevailing charges for single laboratory tests.** To be consistent with the concept of inherent reasonableness, no distinction should generally be made in determining reasonable charges for laboratory services between: (1) the sites where the service is performed, i.e., physicians' office, or other laboratories, or (2) the methods of the testing process used, whether manual or automated. Therefore, when only one test is

performed for a covered person, the prevailing charge for the single laboratory test should be derived from the customary charges (weighted by frequency) or *both* the physician and other laboratories that perform the test in the locality, including tests performed manually or with automated equipment. The automated equipment charges to be used are those for a single test that is not performed as part of a battery test. The customary charges of physicians include charges for tests performed in their own offices as well as charges billed for tests performed by other laboratories. The customary charge of other laboratories include only those charges billed to the general public but not to physicians.

**Determining prevailing charges for automated battery tests.** The common automated battery or panel tests comprise specific groupings of blood chemistries which enable physicians to more accurately diagnose their patient's medical problems.