1. **Purpose**
   The purpose of this policy is to establish the need of radiographic examinations based on medical necessity and clinical criteria.

2. **Statement of Policy**
   2.1. The use of radiographic examinations is always made on a case-by-case basis.

   2.2. Radiographs should only be ordered or performed when the medical necessity is clearly established. The primary purpose of the radiographic examination is to help confirm or exclude clinically suspected pathologic conditions or obtain clinical information which will result in the alteration of the management of the patient's condition or complaint.

   2.3. Every radiographic examination should be justified by meeting all of the following clinical criteria:
   - Radiographic examination will provide clinically meaningful information which will either alter the patient's prognosis or result in alteration of the management of the patient's condition or complaint
   - Benefit of the radiographic examination outweighs the iatrogenic hazards of ionizing radiation exposure
   - Radiographic examination will be a more useful test than alternative diagnostic procedures.

   2.4. The use of radiographic examinations for routine screening or to direct specific manual techniques is not considered medically necessary.

   2.5. Established patients may require radiographic evaluation if they have not responded as expected to a reasonable trial of appropriate treatment options and the use of radiographic evaluation findings is expected to change the future course of care. Radiographic examination may also be appropriate in established patients if any "red flags" should be identified.

   2.6. The initial evaluation of the patient may require radiographic evaluation if the history and/or examination identify "red flags" suggestive of the patient being at risk for:
   - Cancer/Tumor
• Fracture/Dislocation
• Infection
• Any medical condition which may contra-indicate conservative management.

2.7. "Red flags" include, but are not limited to the following:
• Recent significant trauma sufficient to cause fracture or dislocation
• Unrelenting pain not affected by movement or position
• Unexplained weight loss
• Unexplained fever and/or chills
• Increased pain at night
• Immunosuppression
• History of cancer
• Intravenous (IV) drug use
• Prolonged use of corticosteroids
• Progressive, disabling or atypical symptoms.

2.8. In addition to investigating “red flags”, radiographic examination may be clinically indicated in identifying or documenting the presence of an inflammatory arthropathy or skeletal deformity (i.e., congenital anomalies, severe scoliotic curvatures, etc.).

3. References

3.1. Scientific:
The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding on the use of radiographic examinations and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.


• Colorado Division of Workers’ Compensation, Medical Treatment Guidelines, Rule XVII, Cervical Spine Injury, 12/01/01. Rule XVII, Exhibit E


• HEDIS (Health-plan Employer Data Information Set) proposed report card on the use of imaging for low back, NCQA Health Services Research Conference, San Diego June, 2004


• National Guidelines Clearing House.


• Seidenwurm D, Drayer BP, Anderson RE, Braffman B, Davis PC, Deck MD, Hasso AN, Johnson BA, Masaryk T, Pomeranz SJ, Tanenbaum L, Masdeu JC.
TMMP 29 - USE OF RADIOGRAPHIC EXAMINATIONS


3.2. Related Triad Medical Policies:

- *TMMP 18 – Medical Necessity*

4. Attachments

4.1. *Provider Manual*

### Table of Revisions

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| 03/14/2009    | Level 1, 2, 3 | Annual review. Moved text from 2.5 to 2.1 for consistency across other policies. Added statement to 2.5 to maintain clarity on when and why it should be appropriate to do a radiographic exam on an established patient that has not responded to a "reasonable trial of appropriate treatment options and the use of radiographic evaluation findings are expected to change the future course of care."
| 08/07/2008    | Level 1, 2, 3 | Text revised to change title of policy from “Radiology” and provide clarification of criteria for determining patient history or risk of “red flags” resulting in need for radiographs and sufficient documentation to support clinical need. Added references. |