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.


National Guidelines Clearing House.


### 3.2. Related Triad Medical Policies:

- **TMMP 18 – Medical Necessity**
Table of Revisions

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<td>10/11/2013</td>
<td>Level 1, 2, 3</td>
<td>Annual Review. No changes.</td>
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<tr>
<td>11/16/2012</td>
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<td>Annual Review. After discussion, a CPT code table was not added to this policy as the volume of potential codes to be included is too large. No changes.</td>
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<td>05/20/2011</td>
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<td>05/07/2010</td>
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| 03/14/2009    | Level 1, 2, 3 | Annual Review. Moved text from 2.6 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."

Triad’s Medical Policies are not recommendations for treatment and providers are expected to exercise their clinical judgment in providing the most appropriate care. Health care providers and patients should not rely on these Medical Policies in making health care decisions. These Medical Policies are guidelines and do not constitute an authorization, certification, explanation of benefits or guarantee of payment. Applications of Triad’s Medical Policies are determined by the enrollee’s benefit documents and contracts and as such individual benefits must be verified. Determinations of medical necessity apply only if the benefit exists and no contract exclusions are applicable. In the event of a conflict, a participant’s benefit plan document shall supersede the information contained in Triad’s Medical Policies.