



Notice: Updated policy for advanced imaging (CT, MRA, MRI, PET)

October 2021: Sales Talking Points and FAQs

Background & Talking Points

Beginning November 1, 2021, Humana will institute an updated policy for advanced imaging services. This policy will apply to fully insured and LFP commercial plans in select states (see below) for the following services currently on the preauthorization list:

- Computed Tomography (CT) Scan
 - Includes Computed Tomography (CTA) Scan
- Magnetic Resonance Angiogram (MRA)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET) Scan

Using an in-network freestanding facility, when appropriate, can help provide our plan members with access to cost-effective imaging services, without sacrificing quality.

This policy will follow a two-phase implementation process. Phase 1 will begin November 1, 2021, for Florida, Georgia, Ohio, and Tennessee. Phase 2 will be effective January 1, 2022, for Illinois, Indiana, Kansas, Louisiana, Missouri and Wisconsin.

Frequently Asked Questions

General questions

Why is Humana implementing this policy update?

Humana remains committed to lowering overall cost of care, and we continue to work to find options that help keep our members' costs as low as possible while maintaining a high quality of their care. One savings opportunity is routine imaging, which describes a variety of services that provide a view inside the body. Getting these procedures from outside a hospital can provide the same diagnostic results while helping control costs.

Starting November 1, 2021, Humana may deny claims for these services if they are not medically necessary in a hospital setting. We've notified doctors in our network of this policy update. Savings opportunities like this are designed to help lower member out-of-pocket costs, and ultimately, control health plan premiums by helping reduce overall medical costs through lower imaging rates.

When is this change effective?

This is a two-phase implementation process which will impact different states at different times.

- **November 1, 2021:** Florida, Georgia, Ohio, and Tennessee
- **January 1, 2022:** Illinois, Indiana, Kansas, Louisiana, Missouri and Wisconsin

Which radiology services on the current preauthorization list will now require a site-of-service review?

- Computed Tomography (CT) Scan
 - Includes Computed Tomography Angiogram (CTA) Scan
- Magnetic Resonance Angiogram (MRA)
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET) Scan

Why did Humana decide to include these specific procedures?

We conduct careful reviews to determine which procedures can be performed safely and effectively at a freestanding facility, consistent with the terms of our members' benefit plans.

Member questions

How will this change affect members?

There should be minimal negative impact to members. Providers have been notified and will be directed to use lower-cost (freestanding) imaging centers for the services listed above, when appropriate. There may be certain circumstances where the member will be eligible to have the imaging services administered by a hospital outpatient setting (e.g., availability of nearby freestanding imaging centers, a member's specific medical needs, etc.). This criteria can be found in the Site of Service – Advanced Radiologic Imaging medical coverage policy, which can be found on Humana.com.

This is a provider-facing redirection, not member, so any member impact will occur only if the provider does not comply with the new policy and sends a member to a hospital outpatient setting and not a freestanding facility when available and appropriate for the member.

What actions do my employees need to take with regards to this initiative?

Your clients and employees do not need to take any action. As with all prior authorizations, members may be impacted if the provider does not follow Humana's authorization requirements and applicable medical coverage policy.

What will happen if the provider does not follow this policy?

As with all services on the Pre-Authorization list, providers are required to obtain the proper authorization prior to a member receiving services. If a provider disregards the preauthorization process and sends a member to a hospital setting when a free standing facility was appropriate and available, the member may be impacted and responsible for additional cost due to no authorization being on file. We are working to educate our providers to minimize any such impact to our members.

Will there be exceptions to this policy?

There may be certain circumstances where the member will be eligible to have the imaging services administered in a hospital outpatient setting (ex. availability of nearby free standing imaging centers, a

member's specific medical needs, etc.). This criteria can be found in the Site of Service – Advanced Radiologic Imaging medical coverage policy, which is available on Humana.com.

Agent/broker and employer questions

How/when were agents/brokers notified?

Agents will be notified about this change in the [October newsletter](#), which will deploy on October 19.

How/when were employers notified?

Employers will be notified about this change through an [e-blast](#) to fully insured employers in the impacted states, which will deploy on October 26.