Radiology: Rationale for Medical Necessity

You must have a specific reason to expose a patient to ionizing radiation in order to visualize his/her spine and meet the criteria of medical necessity. “I want to see what I am adjusting” is no longer a sufficient reason to take X-rays and ask a third-party payer to reimburse for those W-rays. The following list of X-ray criteria is intended to be a guide for the use of medically necessary radiographs. The criteria should only be used after a thorough clinical examination consistent with the information derived from the patient's history and presenting complaints. The patient’s record should contain your order and rationale for the X-rays as part of your clinical documentation to justify the X-rays. The list below contains some of the most common criteria to use as a guide; the items listed are intended as suggestions and are not all-inclusive. Use your clinical judgment to support your documentation regarding the need for radiographs.

1. History of significant trauma (rule out a fracture, dislocation).
2. Over 50 years of age (recent trauma, ‘red flag,’ or areas of complaint only if pain is at least a four (4) out of ten (10) on a Visual Analog Scale).
3. Over 70 years of age (areas of complaint to be treated only).
4. Neuromotor deficits (rule out spondylolisthesis, tumor).
5. Unexplained weight loss (a symptom of malignancy).
6. Reasonable suspicion of ankylosing spondylitis or other inflammatory arthritides.
7. Significant history of drug or alcohol abuse (risk factors for osteomyelitis, osteoporosis, trauma).
9. Significant history of prolonged steroid use (increased risk for infection, osteoporosis).
10. Fever more than 100° Fahrenheit (a potential sign of osteomyelitis or epidural abscess).
11. Failure to improve with a trial of conservative therapy.
12. Substantial examination findings that warrant films to rule out pathology prior to initiating a course of treatment (e.g., raising straight leg with neurologic deficits or multiple sites of suspicious pain).
13. History of spinal surgery in the area to be treated.
14. History of surgery that might reasonably affect the proposed treatment.
15. Reasonable suspicion of bone demineralization.
16. Hard- or soft-tissue mass noted upon palpation.
17. Prolonged unremitting symptoms with progressive severity, or prolonged unremitting symptoms severe enough to awaken the patient at night.
18. Deformity with stiffness.
19. Significant medical history (e.g., chronic inflammatory arthropathies, positive Rheumatoid factor, significant scoliosis confirmed through appropriate history and examination, etc.).

Note: It is to your advantage to note in your documentation if there is no need for films, for example:

“This patient appears to be a healthy person with no signs or symptoms of a serious disease that could be ruled out through X-ray. There was nothing present in the chart indicating that X-rays were needed for this patient, at this time.”