

National Imaging Associates, Inc.*	
Clinical guidelines URGENT/EMERGENT CRITERIA	Original Date: November 2009
Guideline Number: NIA_CG_100	Last Revised Date: June 2021
	Implementation Date: January 2022

INDICATIONS FOR EMERGENT STUDIES

The requested study is required to render immediate medical attention needed to prevent loss of life, limb, or risk of significant morbidity/permanent disability (Chaturvedi, 2018; ESR, 2012).

Conditions that demonstrate immediate medical attention include, **but are not limited to:**

- Conditions that impair bodily functions that support life (airway, breathing & circulation)¹
- Conditions that are consistent with (or precipitate) any type of shock (e.g., hypovolemic or cardiogenic)¹
- Conditions that are consistent with a disorder that damages tissue in a substantial fashion (e.g., compartment syndrome or thrombus/embolus)

INDICATIONS FOR URGENT STUDIES

For the evaluation of a condition that requires prompt medical intervention to prevent additional consequences to the health/wellbeing of the member. This includes preventing the medical condition from precipitating an emergency situation (ESR, 2012).

Conditions that demonstrate a requirement for prompt medical attention include, **but are not limited to:**

- Any condition that cannot be postponed for a period of time (24 hours) without risking progression to an emergent condition (ACEP, 2018)¹
- Any condition that cannot be postponed for a period of time (24 hours) without risking loss of life, limb, or risk of permanent disability

BACKGROUND

NIA reviews certain imaging studies for the existence of an urgent/emergent situation. This type of medical necessity review is only conducted for those requests where the date of service

* National Imaging Associates, Inc. (NIA) is a subsidiary of Magellan Healthcare, Inc.

has passed (a retrospective review). The indications below can be applied to all imaging modalities managed by NIA.

The indications presented herein are not intended to limit the peer clinical reviewer from using his/her independent clinical judgment. A case-by-case evaluation of the member's clinical presentation should be conducted when determining the presence of an emergent or urgent clinical situation.

POLICY HISTORY

Date	Summary
June 2021	• No changes
May 2020	• No changes
August 2019	• Updated reference list

~~Review Date: August 2019~~

~~Review Summary:~~

- ~~• Updated reference list~~

~~Review Date: May 2020~~

~~Review Summary:~~

- ~~• No changes~~

REFERENCES

American College of Emergency Physicians (ACEP). Choosing Wisely - American College of Emergency Physicians: Ten Things Physicians and Patients Should Question. ~~October 14, 2013 (1-5) and October 27, 2014 (6-10)~~ **Updated June 18, 2018.**

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Chaturvedi A, Vargas D, Ocazonez D. CT for evaluation of acute pericardial emergencies in the ED. *Emerg Radiol*. 2018; 25(3):321-328.

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Reviewed / Approved by NIA Clinical Guideline Committee

GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

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