

Unit 14 Radiology Management

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Unit 14 Introduction

Background

Highmark Blue Shield implemented a radiology management program to promote quality and patient safety of non-emergency imaging services for its group customers and members. Highmark Blue Shield retained the services of National Imaging Associates Inc. (NIA), an imaging management firm, to support the program. Using nationally accepted clinical criteria, Highmark Blue Shield and NIA work more closely with imaging providers and ordering physicians to ensure our members receive the appropriate advanced imaging tests and avoid the inconvenience and expense of unnecessary and/or duplicative services. Providers may view the clinical criteria online at **www.RadMD.com**.

The radiology management program applies to all Highmark Blue Shield managed care products (DirectBlue®, PPOBlueSM, EPOBlueSM, and FreedomBlue PPOSM) but is not applicable to indemnity group business. Certain self-funded groups have the ability to “opt out” of this program, even if the Highmark Blue Shield product under which they have coverage would otherwise be subject to the requirement.

Please reference facility bulletin, HOSP 2006-002-C (Radiology Management Program), dated February 24, 2006 and the Highmark Blue Shield Radiology Management Program and Prior Authorization Phase Guide for additional information regarding the Highmark Blue Shield's Radiology Program.

The information provided is written from the perspective of the **ordering** providers, it is a good resource for providers **performing** the services governed by Highmark Blue Shield's Radiology Management Program.

Two phases in program

To prepare network ordering physicians and imaging providers and to offer a long lead-time to become acquainted with the guidelines, Highmark Blue Shield launched an interim step — called prior notification — on March 1, 2005, during which reimbursement is not affected.

However, effective with dates of service beginning April 1, 2006, and beyond, prior authorization takes effect. Ordering network physicians will need to obtain an authorization for the following outpatient, non-emergency advanced imaging services: selected CT scans, selected MRI and MRA scans and PET scans. Highmark Blue Shield will require authorization numbers to ensure appropriate reimbursement.

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Unit 14 Introduction, continued

Prior authorization purpose

Prior authorization is intended to ensure quality and proper use of diagnostic imaging consistent with clinical guidelines. This phase requires physicians to use NaviNetSM to request authorizations through NIA prior to ordering any of the selected CT scans, selected MRI and MRA scans and PET scans and is structured to minimize the administrative responsibility on providers. **During this phase, NIA will issue authorization numbers, which will be required for reimbursement. Denials of coverage of services may be issued based on medical necessity and/or appropriateness determinations. Physicians are advised to recommend Highmark Blue Shield-privileged imaging providers to members who have been approved to receive the selected non-emergency advanced imaging services; a current list of Highmark Blue Shield-privileged advanced imaging providers is available on our online Provider Resource Center.**

Unit 14 Prior Authorization Overview

Effective date The Prior Authorization requirement is effective with service dates of April 1, 2006, and beyond.

Services affected The prior authorization process applies only to certain outpatient, non-emergency advanced imaging services.

Prior authorization process is for:	Prior authorization process is NOT for:
Outpatient, <i>non-emergency</i> imaging services	• Outpatient <i>emergency</i> imaging services • Inpatient imaging services • Observation stays

Products Refer to the following table of products. Note: Some members in these products may have coverage under groups that have opted out of the program.

Program applies to:	Program does NOT apply to:
• DirectBlue[®] • PPOBlueSM • FreedomBlueSM PPO • EPOBlueSM	• Indemnity group products • Under 65 direct pay indemnity products • Medicare supplemental products • FreedomBlue PFFS

Procedures requiring prior authorization The prior authorization process applies to the following imaging procedures. See NaviNet Resource Center for a complete list of procedure codes (CPT) and descriptions.

- Select CT scans
- Select MRI scans
- Select MRA scans
- PET scans*

*Not all PET scans are included in this program, as some are not covered due to Highmark's medical policy. Please check medical policy if your PET scan is not included in the matrix on Pages 6 and 7 of this reference guide.

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Unit 14 Prior Authorization Overview, continued

Process overview

- The ordering physician's office staff contacts NIA for prior authorization before scheduling the test. NIA staff will use nationally accepted clinical standards, or indicators, to determine the appropriateness of the test. If approved, an authorization number will be issued. The authorization number consists of 10 digits with a 1-letter alpha prefix.
- When the ordering physician's office calls the rendering facility (hospital or outpatient facility) to schedule a procedure, they should have the authorization number at that time. We strongly recommend that you do not schedule the procedure when the ordering physician has not obtained a number. Claims for pre-authorization services that are not pre-authorized **will not be paid**.
- The rendering facility cannot initiate or obtain an authorization number from NIA. It will be given only to the ordering physician's office. However, in the event of an urgent (non-emergency) test, the rendering facility may initiate an authorization but not obtain one. Upon receiving a call from a rendering facility, NIA will attempt to contact the ordering provider to verify the information.
- The authorization number is valid for 60 days from the day the authorization number is given to the provider.
- Authorization numbers do not need to be entered on the claim. We highly recommend that rendering providers document and archive imaging authorization numbers.
- If authorization is obtained for one procedure, but the radiologist or rendering physician believes that an additional related study is needed, the rendering physician should proceed with that additional study. He/she should notify the ordering physician of the additional study. The original ordering physician should call NIA within two business days to proceed with the normal process to get an authorization number.
- A preauthorization number is not required when Highmark Blue Shield is no the member's primary insurance.
- Preauthorizations are required only for those high cost imaging procedures on Highmark Blue Shield's list of procedures/CPTs for prior authorization, available on Navinet's Resource Center. Imaging procedures that are not listed do not require preauthorization. They should be scheduled and billed routinely.
- All existing appeal rights that apply to Highmark Blue Shield's authorization process will apply to the NIA authorization process. Those appeal rights are outlined in the denial letter that would be sent to the provider.
- The toll-free telephone number and hours of operation for the NIA Call Center are:
 - 1-800-731-2045
 - Monday-Friday, 8am-8pm; and Saturday, 8am-1pm. EST.

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Unit 14 Prior Authorization Overview, continued

Using NaviNetSM to request authorizations

Requesting authorizations for the selected outpatient, non-emergency, advanced imaging tests is fast and easy with NaviNet's Authorization Submission function. As when using NaviNet to request authorizations for other services that require them, simply hover on the *Referral/Authorization Submission* link, click *Authorization Submission* from the fly-out menu and enter the member ID number and date of service. Then, choose the procedure category (CT, MRI, etc.) and the service (head, neck, etc.) from the dropdown menus and enter the billing provider information. Follow the remaining prompts and/or enter information in the remaining required fields, and click the Submit button. Once you've provided all of the standard, required information, you'll see NIA's clinical criteria for the scan being ordered. If your request meets the clinical criteria, an authorization number will be provided.

You will be able to request authorizations via NaviNet for the advanced imaging services in the Radiology Management Program beginning in February 2006. Using NaviNet is the preferred way to request authorizations.

For providers who don't yet have NaviNet

If you don't yet have NaviNet, you may contact NIA via telephone to request authorizations. NIA's call center operates Monday through Friday, 8 a.m. to 8 p.m., EST, and, beginning Feb. 18, 2006, NIA will add Saturday hours from 8 a.m. to 1 p.m., EST. Contact NIA at 1-866-731-2045, Option 5.

Average calls are completed within four and one-half minutes. Peak call volume occurs from 10 to 11:30 a.m. and from 1:30 to 4 p.m. There is no limit to the number of patients or studies discussed during one call. For studies ordered after normal business hours or on weekends, callers will be advised to leave a message, and NIA will contact them the next regular business day. The case will be prospectively reviewed.

About the guidelines used

Highmark Blue Shield and NIA have developed guidelines for clinical use of diagnostic imaging examinations based on practice experiences, literature reviews, specialty criteria sets and empirical data. Highmark Blue Shield's Utilization Management Committee has reviewed and approved these guidelines. See Page 9 for more information.

Unit 14 Retrospective Review, Appeal Processes

Overview of retrospective review process

A retrospective review of a Highmark Blue Shield patient's imaging scan by NIA may be necessary for one of two reasons. Those reasons are as follows:

- The ordering provider failed to contact NIA prior to performing the service, but he/she calls NIA after the service has been performed, or
 - The ordering/performing provider has requested a retrospective review due to a claim denial based on no authorization being on file. To request a retrospective review, providers may either call NIA at 1-866-731-2045, Option 5, or fax information to NIA at 916-853-1453 to the attention of "UM Coordinator/Retro Review."
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Overview of appeal process

- All existing appeal rights that currently apply to Highmark Blue Shield's authorization process will apply to the NIA authorization process. Those appeal rights are contained in the denial letter that is sent to the provider.
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