

Highmark Blue Shield

Radiology Management Program

Prior Authorization Reference Guide*

Effective with service dates of April 1, 2006, and beyond

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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 retained the services of National Imaging Associates Inc. (NIA), an imaging management firm, to support the program. Using nationally accepted clinical criteria, Highmark 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**.

Two phases in program

Highmark launched an interim step — called prior notification — on March 1, 2005, to prepare network ordering physicians and imaging providers and to offer a long lead-time so providers were able to become acquainted with the guidelines. Reimbursement was not affected during this interim step.

However, effective with dates of service of April 1, 2006, and beyond, prior authorization took effect and is now in place. Now, ordering network physicians must obtain an authorization for the following outpatient, non-emergency room, advanced imaging services: selected CT scans, selected MRI and MRA scans and PET scans. Highmark now requires authorization numbers to ensure appropriate reimbursement.

Prior authorization purpose

Prior authorization is intended to ensure quality and proper use of diagnostic imaging consistent with clinical guidelines. This component requires physicians to use NaviNet[®] 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. **NIA issues authorization numbers, which are 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-privileged imaging providers to members who have been approved to receive the selected outpatient, non-emergency room, advanced imaging services; a current list of Highmark-privileged advanced imaging providers is available on our online Provider Resource Center.**

About this reference guide

This reference guide contains details about prior authorization from the perspective of the physician ordering the advanced imaging services.

Prior Authorization Overview

Effective date Prior Authorization took effect with service dates of April 1, 2006, and beyond.

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

Prior authorization process is for:	Prior authorization process is NOT for:
Outpatient, <i>non-emergency room</i> imaging services	<ul style="list-style-type: none"> • 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:
<ul style="list-style-type: none"> • SelectBlue[®] POS • DirectBlue[®] • PPOBlueSM • FreedomBlueSM PPO • EPOBlueSM 	<ul style="list-style-type: none"> • Indemnity group products • Under 65 direct pay indemnity products • Medicare supplemental products

Procedures requiring prior authorization The prior authorization process applies to the following imaging procedures. See page 6 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.

Process overview The ordering physician’s office staff uses NaviNet[®] to contact NIA for prior authorization before scheduling the test. NIA staff use nationally accepted clinical standards, or indicators, to determine the appropriateness of the test. Authorization numbers and/or denials may be issued based on medical necessity determinations. For process details, see Page 8.

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Prior Authorization Overview, Continued

Using NaviNet® to request authorizations

Requesting authorizations for the selected outpatient, non-emergency room, 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.

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 Saturday, 8 a.m. to 1 p.m., EST. Contact NIA at 1-866-731-2045, Option 5.

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 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's Utilization Management Committee has reviewed and approved these guidelines. See Page 9 for more information.

Retrospective Review, Appeal Processes

Overview of retrospective review process

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

1. The ordering provider failed to contact NIA prior to performing the service, but he/she calls NIA after the service has been performed.
 - If NIA determines that the procedure was medically necessary and an authorization is issued, the provider can submit the claim to Highmark for payment.
 - If the procedure was determined to be not medically necessary, a denial letter will be sent to the ordering and performing providers.

Or

2. The 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 should call NIA at 1-866-731-2045, Option 5.
 - The performing provider **must** have the name of the ordering provider.
 - If NIA determines that the procedure was medically necessary and an authorization is issued, the performing provider will need to open an investigation on NaviNet[®] and include the authorization number so the claim can be adjusted. The indicator on NaviNet for the dropdown box will be titled “NRR-NIA Retrospective Review.”
 - Providers who aren’t yet NaviNet-enabled will need to call Highmark’s Customer Service department at 1-866-731-2045, Option 2, after the approved authorization is provided by NIA and request that an adjustment be made.

Overview of appeal process

All existing appeal rights that currently apply to Highmark’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.

Procedures/CPTs for Prior Authorization (as of January 2007)*

Procedures The prior authorization process will apply to these imaging procedures. Check the Provider Resource Center for the most current procedures list.

Authorized CPT Code	Description	Allowable Billed Groupings
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549
70551	MRI Brain	70551, 70552, 70553
71250	CT Chest	71250, 71260, 71270
71275	CT Angiography, Chest	71275
71555	MRA Chest	71555
72141	MRI Cervical Spine	72141, 72142, 72156
72146	MRI Thoracic Spine	72146, 72147, 72157
72148	MRI Lumbar Spine	72148, 72149, 72158
72159	MRA Spinal Canal	72159
72191	CT Angiography, Pelvis	72191
72192	CT Pelvis	72192, 72193, 72194
72198	MRA Pelvis	72198
73206	CT Angiography, Upper Extremity	73206
73221	MRI Upper Extremity Joint	73221, 73222, 73223
73225	MRA Upper Extremity	73225
73706	CT Angiography, Lower Extremity	73706
73720	MRI Lower Extremity, other than Joint	73718, 73719, 73720, 73721, 73722, 73723
73721	MRI Lower Extremity Joint	73721, 73722, 73723, 73718, 73719, 73720
73725	MRA Lower Extremity	73725
74150	CT Abdomen	74150, 74160, 74170
74175	CT Angiography, Abdomen	74175
74185	MRA Abdomen	74185
75635	CT Angiography, Abdominal Arteries	75635
78459	PET Scan, Heart	78459, 78491, 78492 Also allow billing for the corresponding Cardiovascular Stress Test 9-range (93015 – 93018)

*Not all PET scans are included on this matrix, as some are not covered due to Highmark's medical policy. Please check medical policy if your PET scan is not included on this list.

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Procedures/CPTs for Prior Authorization (as of January 2007)*, Continued

Authorized CPT Code	Description	Allowable Billed Groupings
78608	PET Scan, Brain	78608, 78609
78813	PET Scan, Tumor Imaging	78811, 78812, 78813, 78814, 78815, 78816
78816	Tumor Imaging, PET with concurrently acquired CT for attenuation correction and anatomic, localization. (PET Fusion)	78811, 78812, 78813, 78814, 78815, 78816
0066T**	Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	0066T
0067T**	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	0067T
G0219 [†]	PET Imaging Whole Body, Melanoma for Non-Covered Indications	G0219, 78811, 78812, 78813
G0235 [†]	PET Imaging, Any Site, Not Otherwise Specified	G0235
G0252 [†]	PET Imaging, Initial Diagnosis of Breast Cancer and/or Surgical Planning for Breast Cancer	G0252, 78811, 78812, 78813
0144T [†]	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	0144T, S8092
0145T [†]	CT Heart (Cardiac Structure and Morphology)	0145T, 0151T
0148T [†]	CTA Coronary Arteries	0146T, 0147T, 0148T, 0149T
0150T [†]	CT Heart, Congenital Studies, Non-coronary Arteries	0150T

*Not all PET scans are included on this matrix, as some are not covered due to Highmark's medical policy. Please check medical policy if your PET scan is not included on this list.

[†]Effective with dates of service of Feb. 19, 2007, and beyond, this CPT code will require prior authorization; however, authorizations for this code will be accepted beginning Jan. 22, 2007.

**This code previously applied only to Medicare Advantage members but will apply to members of Highmark's commercial products as well, effective with dates of service of Feb. 19, 2007, and beyond.

Please note: Computed tomographic angiography (CTA) is considered to be investigational for all Highmark commercial products, except for the assessment of suspected congenital anomalies of coronary circulation. For Medicare Advantage patients, however, CTA may be covered under certain circumstances; see Medicare Advantage Medical Policy X-45, which is available on the Provider Resource Center.

Prior Authorization Process

Process

Follow the steps listed below to complete a prior authorization.

Step	Action
1	<p>The ordering physician's office staff uses NaviNet[®] to request an authorization from NIA.*</p> <p><small>*Using NaviNet is the preferred way to request authorizations. If you don't yet have NaviNet, you may contact NIA via telephone at 1-866-731-2045, Option 5, to request authorizations.</small></p>
2	<p>Have the following information ready:</p> <ul style="list-style-type: none"> • Name and office phone number of ordering physician • Member name and ID number • Requested procedure • Name and address of provider office or facility where service will be performed • Anticipated date of service (if known) • Patient history, including symptoms/duration, physical exam findings, conservative treatment patient has already completed, previous procedures (e.g., diagnostic tests, surgery, etc.), reason the study is being requested
3	<p>In NaviNet, hover on the <i>Referral/Authorization Submission</i> link, and click <i>Authorization Submission</i> from the fly-out menu.</p> <ul style="list-style-type: none"> • Enter the member ID number and date of service. • 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. <p>Once you've provided all of the standard, required information, you'll see NIA's clinical criteria for the scan being ordered.</p>
4	<p>If the request meets the clinical criteria, an authorization number will be provided. However, if the request requires additional clinical information, you may need to speak with an NIA clinical reviewer; if further clinical information is still needed, a peer-to-peer consultation may be arranged. NIA will then issue either an authorization number or a denial. Treatment decisions and other medical decisions should be made only by qualified medical personnel and should not be based, in whole or part, upon the indicators.</p>

Remember: Outpatient emergency and inpatient imaging services are not impacted by the prior authorization process.

Sample Prior Authorization Indicators

Overview

On our online Provider Resource Center, Highmark provides guidelines for clinical use of diagnostic imaging examinations. Highmark's Utilization Management Committee has reviewed and approved these guidelines, which NIA has developed based on:

- Practice experiences
- Literature reviews
- Specialty criteria sets
- Empirical data

The document is a PDF file titled *Diagnostic Imaging Guidelines, Getting to YES!* and is located under the *Highmark Radiology Management Program* link on the Provider Resource Center; click on *Clinical Guidelines* to access this document.

Please refer to the samples listed below for generalized indicators.

Important information about these indicators

This information includes imaging exam indicators ("Indicators"). Indicators are provided solely to qualified medical professionals and solely for informational purposes.*

*NIA and Highmark do not warrant the Indicators or other information as to completeness or accuracy and disclaim all warranties, express or implied, including any warranties of merchantability or fitness for any purpose.

CT examinations of the abdomen

CT examinations of the abdomen are considered to be appropriate when meeting one or more of the following criteria:

- Suspicious ultrasound
 - Abdominal organ enlargement or abnormality
 - Persistent clinical suspicion with negative ultrasound
 - Known primary or follow-up cancer to rule out metastasis
- Note: To evaluate pancreatic pathology, only an abdominal CT (not abdominal and pelvic) is appropriate.
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Sample Prior Authorization Indicators, Continued

CT examinations of the female pelvis

CT examinations of the female pelvis are considered to be appropriate when meeting one or more of the following criteria:

- Suspicious ultrasound
 - Staging of non-ovarian gynecological cancer
 - Persistent clinical suspicion with negative ultrasound
 - Known primary cancer or to rule out metastasis in pelvic organ
 - Uterine/adnexal mass
-

MRI examinations of the brain

MRI examinations of the brain are considered to be appropriate when meeting one or more of the following criteria:

- History of significant head trauma or brain trauma with appropriate clinical findings
 - Suspicion of a brain abscess or an inflammatory disease with neurological symptoms
 - Suspicion of primary or metastatic neoplasm
 - Progressive neurological deficits or worsening of neurological symptoms
-

MRI and CT examinations of the spine

MRI and CT examinations of the spine are considered to be appropriate when meeting one or more of the following criteria:

- History of significant spine injury with appropriate clinical findings
 - Suspicion of spinal abscess or other primary spine infection
 - Radicular symptoms unresponsive to conservative management for six weeks or more (provided the patient is a surgical candidate)
 - Any sign of significant bowel or bladder dysfunction
-

MRI examinations of the lumbar spine

MRI examinations of the lumbar spine are considered to be appropriate when meeting one or more of the following criteria:

- Focal neurological deficit
 - Unilateral leg pain refractory to conservative care
 - Neurogenic claudication
-

MRI examinations of the knee

MRI examinations of the knee are considered to be appropriate when meeting one or more of the following criteria:

- Suspicion of a primary metastatic neoplasm
 - Suspicion of a joint space infection
 - Documented mechanical symptoms; particularly, locking or significant instability
-

Frequently Asked Questions

1. **Q: Are prior authorizations required for emergency situations?**
A. No. Patients who receive services in the emergency room are exempt from prior authorization. It is not necessary to contact NIA retrospectively to authorize any imaging procedure performed during an emergency room visit.

2. **Q: How is Observation/Rapid Treatment handled?**
A. Imaging services that occur during Observation/Rapid Treatment do not require prior authorization, nor do these services require the physician to contact NIA by the next business day following delivery of the service.

3. **Q: What can I do to maximize the possibility of obtaining an approval when submitting a prior authorization request?**
A. The best way to increase the possibility of having a request approved upon initial contact with NIA is to have complete knowledge of the case, including:
 - the patient's history and diagnosis
 - the reason for the study
 - the results of previous imaging studies
 - the patient's history of medical or surgical treatment

4. **Q: Why does NIA need a date of service when authorizing a procedure? Don't physicians have to obtain prior authorization before they call to schedule an appointment?**
A. Yes, physicians should obtain authorization before scheduling the patient. During the authorization process, physicians are asked where the procedure is being performed and the anticipated date of service. However, knowing the exact date of service is not required at that time.

5. **Q: How long is an authorization number valid?**
A. The authorization number is valid for 60 days. When a procedure is authorized, Highmark will use the day that the authorization number was given to the provider as the starting point for the 60-day period in which the examination must be completed.

6. **Q: What if my office staff forgets to contact NIA and proceeds anyway with scheduling an imaging procedure that requires prior authorization?**
A. If the imaging scan hasn't yet been performed, your office staff can still contact NIA to request an authorization for the procedure. However, claims for services that are performed but not preauthorized will not be paid, and the members must be held harmless. It is important to notify and educate your office staff about this authorization policy, which went into effect for services rendered April 1, 2006, and beyond.

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Frequently Asked Questions, Continued

7. **Q. Can the rendering facility obtain authorization in the event of an urgent test?**
A. No. In the event of an urgent (non-emergency) test, the rendering facility may initiate an authorization but cannot obtain one. Upon being contacted by a rendering facility, NIA will ask for the name of the ordering provider and will attempt to contact that provider to verify the clinical information.
8. **Q. What does the authorization number look like?**
A. The authorization number consists of 10 characters and includes a one-letter alpha prefix (Ex: A123456789).
9. **Q. If two authorization numbers are associated with the patient encounter, which one should be printed on the claim?**
A. You do not need to enter the authorization number on the claim form, or provide it via the electronic transaction. It is highly recommended, however, that *imaging providers* document and archive imaging authorization numbers.
10. **Q. What happens if a patient is authorized for a CT of the abdomen, and the radiologist or rendering physician believes that an additional study of the pelvis is needed?**
A. The radiologist or rendering physician should proceed with the pelvic study. If this occurs, he/she should then notify the patient's ordering physician of the additional test, as a matter of courtesy and appropriate medical procedure. The original ordering physician should contact NIA with the additional study within two business days to proceed with the normal review process to get an additional authorization number.
11. **Q. If a patient needs a CT in preparation for radiation therapy, is prior authorization necessary?**
A. No. These CT codes are not included in the Highmark Radiology Management Program and do not require preauthorization.
12. **Q. Is prior authorization necessary when Highmark isn't the member's primary insurance?**
A. Obtaining an authorization number from NIA is still required when Highmark is the member's secondary or tertiary insurer; the patient's primary insurance carrier could deny the test, and receiving an authorization number from NIA will enable you to then submit a claim for payment to Highmark.
13. **Q. Can a Doctor of Chiropractic Medicine order an MRI?**
A. Doctors of Chiropractic Medicine may order MRIs for members of Highmark's commercial products; however, Doctors of Chiropractic Medicine *cannot* order MRIs for Highmark Medicare Advantage plan members. (See Medicare Advantage Medical Policy #Z6.)

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Frequently Asked Questions, Continued

14. **Q. How should we handle procedures that do not require prior authorization?**
A. These procedures should be handled as they are today; the ordering practitioner should write an order or prescription for the test and direct the patient to an appropriate privileged imaging provider. For your convenience, Highmark maintains a list of these privileged imaging providers in the Provider Resource Center at www.highmarkblueshield.com.
15. **Q. If prior authorization of an imaging study is denied, do providers have the option to appeal the decision?**
A. Prior to a decision to deny an authorization request, an NIA physician will contact the ordering physician to conduct a peer-to-peer conversation so the two doctors can discuss the clinical indications. If a decision is made to deny the request at the end of this conversation, the ordering physician can appeal to NIA.

NIA handles provider appeals, and Highmark handles member appeals. If a physician does not agree with an authorization denial, the physician should request an appeal of the decision. Physicians are always welcome to have a peer-to-peer discussion with an NIA physician about any decision by calling, toll-free, 1-888-642-7649.
16. **Q. If I don't have NaviNet, what are the toll-free telephone number and hours of operation for the NIA Call Center?**
A. You may reach the call center by dialing 1-866-731-2045 and selecting Option 5.
Call Center hours: Monday-Friday, 8 a.m. to 8 p.m., EST, and
Saturday, 8 a.m. to 1 p.m., EST
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