PR 13-63

SPECIAL BULLETIN

FOR FACILITY PROVIDERS

Nov. 13, 2013

ATTN: ALL FACILITY PROVIDERS

This bulletin was end-dated 12/06/2019 and is now OBSOLETE.

Please note that the End Date and administrative notes apply to any copies produced of this bulletin

MORE CT AND MRI PROCEDURE CODES TO BE ADDED TO RADIOLOGY MANAGEMENT PROGRAM, EFFECTIVE JAN. 13, 2014

TO: ADMISSIONS/REGISTRATION STAFF
BILLING OFFICE PERSONNEL
CARE/CASE MANAGEMENT/UTILIZATION REVIEW DEPT
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FROM: HIGHMARK DELAWARE PROFESSIONAL RELATIONS

PURPOSE

This bulletin notifies hospitals that beginning with dates of service of Jan. 13, 2014, prior authorization through National Imaging Associates Inc. (NIA) will be required for select neck, cervical spine, lumbar spine, hip, leg, and lower extremity computed tomography (CT) and face, neck, orbits, sinus, and abdominal magnetic resonance imaging (MRI) diagnostic imaging services provided to Highmark Blue Cross Blue Shield Delaware (Highmark Delaware) members.

BACKGROUND/OVERVIEW

Highmark Delaware maintains a Radiology Management Program to promote quality and patient safety of selected outpatient, non-emergency imaging services for its group customers and members. The program focuses on applying Highmark Delaware's radiology management guidelines to selected outpatient, non-

emergency imaging studies through the prior authorization process managed by NIA, a radiology management firm.

As of Jan. 13, 2014, Highmark Delaware is expanding the scope of its Radiology Management Program to also include additional selected CT and MRI diagnostic imaging services. Highmark Delaware is adding these services to its Program to ensure that its members receive the appropriate imaging tests; to promote patient safety; and to guard against unnecessary ionizing radiation.

Addition of these procedure codes to the Program also adheres to the tenets of the ABIM Foundation's Choosing Wisely® initiative (**www.abimfoundation.org/Initiatives/Choosing-Wisely.aspx**), an effort endorsed by nine medical specialty organizations that is intended to help physicians be better stewards of finite health care resources. For example, Choosing Wisely encourages physicians not to order sinus CT for uncomplicated acute rhinosinusitis, as the condition is generally diagnosed clinically and does not require a sinus CT scan or other imaging.

IMPACT/ACTION

Physicians ordering selected outpatient, non-emergency imaging scans for their Highmark Delaware patients must secure prior authorization through NIA of services governed by the Program. This bulletin announces the six CPT® codes and 19 allowable billed groupings that will be added to the Radiology Management Program, effective Jan. 13, 2014.

Beginning with dates of service of Jan. 13, 2014, and beyond, hospitals must ensure that a prior NIA authorization is on file before performing the procedures identified in the table below, for Highmark Delaware's members:

Authorized CPT Code	Description	Allowable Billed Groupings
70490	Neck CT	70490, 70491, 70492
70540	Face MRI, Neck MRI, Orbits MRI, and Sinus MRI	70540, 70542, 70543
72125	Cervical Spine CT	72125, 72126, 72127
72131	Lumbar Spine CT	72131, 72132, 72133
73700	Hip CT, Leg CT, and Lower Extremity CT	73700, 73701, 73702
74181	Abdomen MRI	74181, 74182, 74183, S8037

If the authorization for the appropriate CPT code is not on file, the hospital should contact the ordering provider to inquire about the authorization status. Alternatively, the hospital may contact NIA at 1-800-424-5655, to supply the information needed to pursue the request with the ordering provider.

If the required NIA prior authorization is not obtained, Highmark Delaware will not reimburse the performing provider. In this instance the member cannot be billed.

TIME FRAME

Prior authorization will be required for the services detailed above, effective for services rendered on and after Jan. 13, 2014.

EXCEPTIONS

Under Highmark Delaware's Radiology Management Program, radiology services performed as part of an inpatient stay, an observation stay, or in the emergency room setting are not subject to the prior authorization requirement. This policy applies to the CT and MRI imaging studies included in the above table, as well as to the other radiological procedures governed by the Program.

ASSISTANCE

Where to find detailed information about the Highmark Delaware Radiology Management Program
Providers can access detailed information about Highmark Delaware's Radiology Management Program, including the program's clinical guidelines, prior authorization requirements, and the most current list of diagnostic imaging procedures levels and authorized CPT codes on the online Provider Resource Center. The Resource Center is accessible through NaviNet. (The procedures list will be updated to reflect the newly added procedures effective Jan. 13, 2014.)

To access this information, click on the *Highmark Delaware Radiology Management Program* link on the left side of the NaviNet Provider Resource Center.

Questions about this bulletin
Non-clinical questions about this bulletin may be directed to the Highmark Delaware Provider Service Department at 1-800-346-6262.

Inquiries about eligibility, benefits, claim status or authorizations
For inquiries about eligibility, benefits, claim status or authorizations, Highmark Delaware encourages providers to use the electronic resources available to them—NaviNet and the applicable HIPAA transactions—before calling the Provider Service Department.

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