

RADIOLOGY MANAGEMENT PROGRAM

QUICK REFERENCE GUIDE

For Ordering Providers

SEPTEMBER 2016

CHANGES EFFECTIVE 10/3/2016

- 16 New CT/MR Imaging CPT Codes
- Clinical Validation of Records
- Prior Authorization for Stress Echocardiography

As you know, Highmark maintains a Radiology Management Program, with services provided by National Imaging Associates, Inc. (NIA). This program promotes quality and patient safety for selected outpatient, nonemergency imaging services. Using nationally accepted clinical criteria, Highmark and NIA work closely with imaging providers and ordering physicians to ensure members receive the most appropriate imaging tests, avoid the inconvenience and expense of unnecessary and/or duplicative services, and reduce members' exposure to unnecessary radiation. Providers who order selected outpatient, non-emergency imaging scans for their Highmark patients must obtain prior authorization through NIA.

16 ADDITIONAL CT/MR IMAGING CPT CODES WILL REQUIRE PRIOR AUTHORIZATION

(Highlighted below)

Beginning with dates of service of Oct. 3, 2016, Highmark's Radiology Management Program will be expanded to include the following Imaging CPT codes:

Authorized CPT Code	Description	Allowable Billed Groupings
70336	MRI Temporomandibular Joint	70336
70450	CT Head/Brain	70450, 70460, 70470
70480	CT Orbit	70480, 70481, 70482
70486	CT Maxillofacial/Sinus	70486, 70487, 70488, 76380
70490	CT Soft Tissue Neck	70490, 70491, 70492
70496	CT Angiography, Head	70496
70498	CT Angiography, Neck	70498
70540	MRI Orbit, Face, and/or Neck	70540, 70542, 70543
70551	MRI Internal Auditory Canal	70551, 70552, 70553, 70540, 70542, 70543
70544	MRA Head	70544, 70545, 70546
70547	MRA Neck	70547, 70548, 70549



Authorized CPT Code	Description	Allowable Billed Groupings
70551	MRI Brain	70551, 70552, 70553
70554	Functional MRI Brain	70554, 70555
71250	CT Chest	71250, 71260, 71270, S8032, G0297
71275	CT Angiography, Chest (non coronary)	71275
71550	MRI Chest	71550, 71551, 71552
71555	MRA Chest (excluding myocardium)	71555
72125	CT Cervical Spine	72125, 72126, 72127
72128	CT Thoracic Spine	72128, 72129, 72130
72131	CT Lumbar Spine	72131, 72132, 72133
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
72196	MRI Pelvis	72195, 72196, 72197
72198	MRA Pelvis	72198
73200	CT Upper Extremity	73200, 73201, 73202
73206	CT Angiography, Upper Extremity	73206
73220	MRI Upper Extremity, other than Joint	73218, 73219, 73220
73221	MRI Upper Extremity Joint	73221, 73222, 73223
73225	MRA Upper Extremity	73225
73700	CT Lower Extremity	73700, 73701, 73702
73706	CT Angiography, Lower Extremity	73706
73720	MRI Lower Extremity	73718, 73719, 73720, 73721, 73722, 73723
73721	MRI Hip	72195, 72196, 72197, 73721, 73722, 73723
73725	MRA Lower Extremity	73725
74150	CT Abdomen	74150, 74160, 74170
74174	CT Angiography, Abdomen and Pelvis	74174
74175	CT Angiography, Abdomen	74175
74176	CT Abdomen and Pelvis Combination	74176, 74177, 74178
74181	MRI Abdomen	74181, 74182, 74183
74185	MRA Abdomen	74185
74261	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74261, 74262
74263	Screening CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74263
74712	Fetal MRI	74712, 74713
75557	MRI Heart	75557, 75559, 75561, 75563, +75565
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092
75572	CT Heart	75572
75573	CT Heart congenital studies, non-coronary arteries	75573

Authorized CPT Code	Description	Allowable Billed Groupings
75574	CTA coronary arteries (CCTA)	75574
75635	CT Angiography, Abdominal Arteries	75635
76380	Follow Up, Limited or Localized CT	76380, 70486, 70487, 70488
76390	MR Spectroscopy	76390
76497	Unlisted Computed Tomography Procedure	76497
76498	Unlisted Magnetic Resonance Procedure	76498
77058	MRI Breast	77058, 77059
77084	MRI Bone Marrow	77084
78451	Myocardial Perfusion Imaging – Nuclear Cardiology Study	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499
78459	PET Scan, Heart	78459, 78491, 78492
78472	MUGA Scan	78472, 78473, 78494, +78496
78608	PET Scan, Brain	78608, 78609
78813	PET Scan	78811, 78812, 78813, 78814, 78815, 78816
78816	PET Scan with concurrently acquired CT for attenuation correction and anatomic, localization.	78811, 78812, 78813, 78814, 78815, 78816
93350	Stress Echocardiography	93350, 93351, +93320, +93321, +93325, +93352
G0219	PET imaging whole body, melanoma for non-covered indications	G0219
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
S8032	Low Dose CT For Lung Cancer Screening	S8032, G0297
0159T	Computer Aided Detection (CAD) Breast MRI	0159T

STRESS ECHOCARDIOLOGY WILL REQUIRE PRIOR AUTHORIZATION

Also beginning with dates of service on or after Oct. 3, 2016, stress echocardiography will change from notification only to **prior authorization**, based on medical necessity criteria. Providers must request an authorization prior to ordering the outpatient, non-emergency stress echocardiography.

Authorized CPT Code	Description	Allowable Billed Groupings
93350	Stress Echocardiography	93350, 93351, +93320, +93321, +93325, +93352

CLINICAL VALIDATION OF RECORDS

NIA will also be implementing a Clinical Validation of Records (CVR) process for all codes that are part of the Radiology Management Program. This process will help to ensure Highmark patients receive the most appropriate, effective care. The CVR process will include the request and review of clinical information by NIA.

- As part of the authorization process, providers will now be required to fax to NIA certain pieces of a patient's medical records and/or additional clinical information as part of the clinical review for determination.
- At the end of an authorization request, if the request is pended for additional clinical information, a fax to the ordering provider will immediately go to the office specifying what clinical documentation from the patient's medical record for the study ordered is needed. The provider will fax back to NIA the requested information. This is required before final determination can be made.
- NIA will be validating the clinical criteria within the patients' medical records, ensuring that the clinical criteria support the requested procedures and are clearly documented in medical records.
- All reviews will continue to be processed under the NCQA and regulatory guidelines set forth in NIA's contract with Highmark as they are today.
- Urgent reviews will continue to be called into NIA and clinical validation will not be required under those circumstances.

For more information regarding the addition of these procedure codes to the Radiology Management Program, providers should call Provider Services at 1-866-731-8080.

Please note:

To make scheduling of the newly added studies/procedures as efficient as possible leading up to the Oct. 3, 2016, effective date, NIA will begin accepting authorization requests via NaviNet® or via NIA's Call Center from ordering physicians on Sept. 26, 2016 for dates of service beginning Oct. 3, 2016.

As a reminder, NaviNet is preferred for requesting authorizations. Providers who do not have NaviNet should call NIA.

Although Highmark's Radiology Management Program applies to patients enrolled in all Highmark health plans, some employer or customer groups may opt out of the program. Before ordering any scans included in the program, providers should check the member's eligibility and benefits to determine if the member's benefits are subject to the Radiology Management Program. This can be done via NaviNet or by calling Provider Services at 1-866-731-8080.

- The program doesn't apply to outpatient imaging services ordered while patients are in the emergency room, urgent care, surgery center, inpatient imaging services or imaging services provided during observation stays.

PROCEDURES* REQUIRING PRIOR AUTHORIZATION THROUGH NIA:

- CT/CTA
- MRI/MRA
- Pet Scan
- CCTA
- MPI/ Nuclear Cardiology
- Stress Echocardiography

If an emergency clinical situation arises outside of a hospital emergency room, please contact NIA immediately with the appropriate clinical information for an expedited review.

Pennsylvania: 1-888-642-4814

Delaware: 1-800-424-5655

West Virginia: 1-800-642-7579

*Refer to the Highmark Claims Resolution Matrix for a detailed list of procedure codes that require prior authorization through NIA. A separate prior authorization is required for each procedure ordered.

THE FOLLOWING WILL NOT BE IMPACTED:

- Inpatient high-tech radiology services
- Emergency room radiology services
- Urgent Care/Medical Aid Unit radiology services
- Ambulatory Surgical Facility radiology services

Highmark will continue to perform prior authorization of coverage for interventional radiology procedures (even those that utilize MR/CT technology).

THE ORDERING PHYSICIAN IS RESPONSIBLE FOR OBTAINING A PRIOR AUTHORIZATION FOR ADVANCED RADIOLOGY SERVICES

It is the responsibility of the rendering facility to ensure that prior authorization was obtained. As the ordering physician of advanced diagnostic services, it is essential that you develop a process to ensure that the appropriate authorization number(s) has been obtained. Payment will be denied for procedures performed without a necessary authorization, and the member cannot be balance-billed for such procedures.

PRIOR AUTHORIZATION PROCESS

To obtain authorizations, Highmark requests that you use NaviNet®. To expedite the process, please have the following information ready before logging in to NaviNet or calling the NIA Utilization Management staff (asterisk indicates required information):

- Name and office phone number of ordering physician*
- Member name and ID number*
- Requested examination*
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)

- Details justifying examination*:
 - Symptoms and their duration

- Physical exam findings
 - Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications)
 - Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation)
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder)
- Please be prepared to fax the following information, if requested:
 - Clinical notes
 - X-ray reports
 - Previous CT/MRI reports
 - Specialist reports/evaluation
 - Ultrasound reports

TAKE ADVANTAGE OF NAVINET!

You can obtain prior authorizations for **non-emergent**, high-tech outpatient radiology services through NaviNet, our secure web-based provider portal. NaviNet is available to request and verify affected services, and check member eligibility, saving you the time and effort of faxing or making a phone call. You'll receive immediate approval, or notification for further review, if it's needed. If your office is not already registered for NaviNet, we encourage you to visit **connect.navinet.net** to sign up.

Call center hours of operation are Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturday, 8:00 a.m. to 1:00 p.m., EST. NIA can accept multiple requests during one phone call. The toll-free telephone numbers are:

Pennsylvania:	1-888-642-4814
Delaware:	1-800-424-5655
West Virginia:	1-800-642-7579

For More Information

Providers can find detailed information about this program, including clinical guidelines and the most current list of authorized CPT codes that are included, under Radiology Management Program on the Provider Resource Center (PRC). You can access the PRC via NaviNet or under Helpful Links on Highmark's website.

FREQUENTLY ASKED QUESTIONS

Do I need to provide a date of service when requesting prior authorization?

At the end of the authorization process, NIA asks where the procedure will be performed as well as the proposed date of service.

Do physicians have to obtain authorization before they call to schedule an appointment?

Physicians should obtain authorization before scheduling the patient.

Where can I find NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations?

NIA's Guidelines for Clinical Use of Diagnostic Imaging Examinations can be found on Highmark's Radiology Management Program page on the Provider Resource Center.

Is prior authorization necessary if Highmark is not the member's primary insurer?

- Pennsylvania: Yes. Authorization is required if Highmark is secondary to another insurance.
- Delaware: No. Authorization is not required if Highmark Delaware is secondary.
- West Virginia: Yes. Authorization is required if Highmark is secondary to another insurance.

What is a tracking number used for?

If an authorization request is not approved at the time of the initial contact, or more information is needed to complete the review, the ordering provider will receive a tracking number. Providers can use the tracking number to check the status of their request through NaviNet or by calling NIA directly at:

Pennsylvania 1-888-642-4814

Delaware: 1-800-424-5655

West Virginia: 1-800-642-7579

Once a request is approved, an authorization number will replace the tracking number.

How long is an authorization number valid?

The authorization number is valid for 60 days from date of decision.

If NIA denied prior authorization of an imaging study, do I have the option to appeal the decision?

Yes. You will be able to appeal the decision through normal appeal procedures that will be outlined in the denial letter.

Who do I contact for questions or concerns?

Please contact your NIA Provider Relations Specialist with any questions or concerns.