

RADIOLOGY MANAGEMENT PROGRAM

CARDIAC IMAGING

Frequently Asked Provider Questions

SEPTEMBER 2016

Why do some cardiac-related studies now require prior authorization?

Prior authorization is required to minimize radiation exposure and promote the most appropriate test for the continuum of care.

When does the program begin?

The Highmark expanded cardiac program begins Oct. 3, 2016. We will work with you and your office staff to ensure that you are prepared for the launch of this program.

How does the program work?

The cardiac imaging management program assesses imaging technologies used to diagnose and monitor patients with cardiac-related conditions in non-emergent cases. The program takes a comprehensive approach to determine if a recommended test is the proper next step in diagnosing cardiac-related conditions or if another test is more appropriate.

What cardiac-related imaging procedures are included in Highmark program?

Prior authorization through NIA will be required for the following cardiac modalities:

- CCTA
- Myocardial Perfusion Imaging (MPI) — Nuclear Cardiology Study
- Stress Echocardiography – effective Oct. 3, 2016

What additional services are provided?

- Evidence-based algorithms to support the best diagnostic options for each patient
- Consultations with cardiologists related to elective cardiac diagnostic imaging when peer-to-peer review is required
- Quality assessment of imaging providers to ensure the highest technical and professional standard

What do ordering providers need to do?

Ordering providers need to obtain prior authorization for non-emergent, outpatient:

- Magnetic resonance imaging (MRI)/Magnetic resonance angiography (MRA)
- Computed tomography (CT)/Computed tomography angiography (CTA)



- Positron emission tomography (PET)
- CCTA
- Myocardial Perfusion Imaging (MPI) — Nuclear Cardiology Study
- Stress Echocardiography - effective Oct. 3, 2016

Who will administer clinical oversight of the cardiac program?

Board-certified cardiologists worked with community-based physicians to develop evidence-based clinical guidelines and algorithms that determine the best available diagnostic pathway. These board-certified cardiologists also consult with referring physicians to apply these guidelines and algorithms to a patient’s specific symptoms and medical history. By determining the most appropriate clinical imaging protocol for each patient, we can reduce duplicative testing, minimize patient radiation exposure, avoid indication drift, shorten diagnosis time, and improve the overall health care experience.

Is there anything I should be doing before the program begins?

If you haven’t done so already, please take a few minutes to register on www.navinet.net. This portal gives you the most expedient way to process your imaging requests.

What happens if I need to have an inpatient or emergent cardiac procedure performed?

Highmark will continue to manage inpatient and emergency cardiac procedures as is done today.

KEY PROVISIONS

- Emergency room and inpatient imaging procedures do not require prior authorization.