Highmark
Radiology Management Program

Prior Authorization/Notification Reference Guide*

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

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Introduction

Background

Highmark implemented a radiology management program to promote quality and patient safety of advanced, non-emergency room, outpatient 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 via the **Highmark Radiology Management Program** page on NaviNet's Provider Resource Center.

Program overview

On April 1, 2006, prior authorization took effect and is now in place. Ordering network physicians must obtain an authorization for the following outpatient, non-emergency room, selected imaging services: CT scans, MRI and MRA scans, PET scans and myocardial perfusion imaging/nuclear cardiology services. Highmark requires authorization numbers to ensure appropriate reimbursement. Effective Sept. 1, 2010, stress echocardiography requires prior notification.

Effective Oct. 3, 2016, an additional 16 new CT/MR Imaging CPT codes 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.

***Stress echocardiography will continue to require prior notification for certain employer groups. These employer groups will continue to use the current CPT matrix.**

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, MRI and MRA scans, PET scans, and myocardial perfusion imaging/nuclear cardiology services 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 should recommend Highmark-privileged imaging providers to members who have been approved to receive the selected outpatient, non-emergency room, imaging services; a current list of Highmark-privileged imaging providers is available on our online Provider Resource Center.**

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Prior notification purpose

Prior notification is required so Highmark can collect data to determine the appropriateness of ongoing requests for stress echocardiography, using nationally accepted clinical standards and appropriate use criteria from the American College of Cardiology. Providers will have time to build capacity for stress echocardiography requests, during which no substitute service will be suggested when prior-authorization is requested for myocardial perfusion imaging/nuclear cardiology.

Reminder: Effective with dates of service on or after Oct. 3, 2016, stress echocardiography will change from notification only to **prior authorization**, for most Highmark members.

About this reference guide

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

Prior Authorization/Notification Overview

Effective date

Prior Authorization took effect with service dates of April 1, 2006, and beyond. Prior Notification for stress echocardiography is effective with dates of service Sept. 1, 2010, and beyond.

Effective Oct. 3, 2016, an additional 16 new CT/MR Imaging CPT codes 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.

Services affected

The prior authorization/notification process applies only to certain outpatient, non-emergency room, imaging services.

Prior authorization/notification process is for:	Prior authorization/notification process is NOT for:
Outpatient, *non-emergency room* imaging services	• Outpatient *emergency* imaging services • Inpatient imaging services • Observation stays • Urgent care centers • Ambulatory surgery centers

Procedures requiring prior authorization

The prior authorization process applies to the following selected imaging procedures. See page 9 for a complete list of procedure codes (CPT) and descriptions.

– MR/MRA
– CT/CTA
– PET
– CCTA
– Myocardial Perfusion Imaging
– MUGA Scan
– Stress Echocardiography

Procedures requiring prior notification

The prior notification process applies to the following selected imaging procedures. See page 11 for a complete list of procedure codes (CPT) and descriptions.

– Stress echocardiography

Reminder: Effective with dates of service on or after Oct. 3, 2016, stress echocardiography will change from notification only to **prior authorization**, for most Highmark members.

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Prior Authorization/Notification Overview, Continued

Process overview

The ordering physician's office staff uses NaviNet® to contact NIA for prior authorization/notification 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 12.

Using NaviNet to request authorizations

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

Using NaviNet to request prior notification

The ordering physician's office staff uses NaviNet* to contact NIA before scheduling the test. The purpose is to report all pertinent information so that Highmark may collect data and determine the appropriateness of ongoing requests for stress echocardiography. However, no denials are issued, and no substitute services are suggested. NIA will issue an authorization number. Please note: although no denials are issued, this step is mandatory. Unless providers report the data, they cannot obtain an authorization number, which is required for reimbursement.

*Using NaviNet is the preferred way to request prior notification.

For providers who don't yet have NaviNet

If you don't yet have NaviNet, you may contact NIA via telephone to request authorizations/notifications. 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 1-866-731-8080, Option 2 then Option 4.

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.

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Prior Authorization/Notification Overview, Continued

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 Care Management Committee reviews and approves these guidelines. See Page 15 for more information.

Retrospective Review Process

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 the service being performed, 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 1-866-731-8080, Option 2 then Option 4.
   - 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 1-866-731-8080, Option 6, after the approved authorization is provided by NIA and request that an adjustment be made.

Appeal Process

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 Oct. 3, 2016)

Procedures

The prior authorization process will apply to these imaging procedures. Check the Provider Resource Center for the most current procedures list. Codes added effective with dates of service on and after Oct. 3, 2016 are highlighted in yellow for easy reference.

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
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

Authorized CPT Code	Description	Allowable Billed Groupings
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
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

Authorized CPT Code	Description	Allowable Billed Groupings
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

1 Medicare created HCPCS code G0297 for 2016 which is payable as part of the allowed billable grouping, if the corresponding CPT code is authorized. Payment is limited to Medicare but the code is included in our documentation for all.

Please note that not all procedures are covered due to Highmark's medical policy. You may access Highmark's medical policy website via NaviNet's Provider Resource Center; click the **Medical and Claims Payment Guidelines** link, then click **Medical Policy**.

Procedures/CPTs for Prior Notification

Procedures

The prior notification process will apply to these imaging procedures effective Sept. 1, 2010. Check the Provider Resource Center for the most current procedures list.

Reminder: Effective with dates of service on or after Oct. 3, 2016, stress echocardiography will change from notification only to **prior authorization**, for most Highmark members.

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

Prior Authorization/Notification Process

Process

Follow the steps listed below to complete a prior authorization.

Step	Action
1	The ordering physician's office staff uses NaviNet® to request an authorization from NIA.* *Using NaviNet is the preferred way to request authorizations. If you don't yet have NaviNet, you may contact NIA via telephone at 1-866-731-8080, Option 2 then Option 4, to request authorizations.
2	Have the following information ready: • 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	In NaviNet, hover on the *Referral/Authorization Submission* link, and click *Authorization Submission* from the fly-out menu. • 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. Once you've provided all of the standard, required information, you'll see NIA's clinical criteria for the scan being ordered.
4	• If the request meets the clinical criteria, an authorization number will be provided. • 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. • If the request requires additional clinical information, you may need to speak with an NIA clinical reviewer. *(Continued on next page)*

	• 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 will be made only by qualified medical personnel and will not be based, in whole or part, upon the indicators.

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

Prior Authorization/Notification Process for Cardiology Imaging

Process

Follow the steps listed below to complete prior authorization/notification for cardiology imaging.

Step	Action
1	The ordering physician's office staff uses NaviNet® to request prior authorization/notification from NIA.* *Using NaviNet is the preferred way to request authorizations. If you don't yet have NaviNet, you may contact NIA via telephone at 1-866-731-8080, Option 2 then Option 4, to request authorizations.
2	Have the following information ready: • 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*: o Symptoms and their duration o Physical exam findings o Conservative treatment patient has already completed (e.g., physical therapy, chiropractic or osteopathic manipulation, hot pads, massage, ice packs, medications) o Preliminary procedures already completed (e.g., x-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist, specialist evaluation) o Reason the study is being requested (e.g., further evaluation, rule out a disorder • Please be prepared to fax the following information, if requested: o Clinical notes o X-ray reports o Previous CT/MRI reports o Specialist reports/evaluation o Ultrasound reports *(Continued on next page)*

3	In NaviNet, hover on the *Referral/Authorization Submission* link, and click *Authorization Submission* from the fly-out menu. • 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. Once you've provided all of the standard, required information, you'll see NIA's clinical criteria for the scan being ordered.
4	• If the request meets the clinical criteria, an authorization number will be provided. • 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. • 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 will be made only by qualified medical personnel and will not be based, in whole or part, upon the indicators.

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

Clinical Criteria

Overview

On our online Provider Resource Center, Highmark provides guidelines for clinical use of diagnostic imaging examinations. Highmark's Care Management Committee reviews and approves these guidelines on an annual basis, which NIA has developed based on:

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

The Clinical Guidelines are located under the **Highmark Radiology Management Program** link on the Provider Resource Center; click on **Clinical Guidelines** to access this information.

Frequently Asked Questions

1. **Q: Are prior authorizations/notifications required for emergency situations?**
   A. No. Patients who receive services in the emergency room are exempt from prior authorization/notification. It is not necessary to contact NIA retrospectively for authorization or notification of 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/notification, 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/notification 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 for prior authorization/notification of a procedure? Don't physicians have to obtain prior authorization/notification before they call to schedule an appointment?**
   A. Yes, physicians should obtain prior authorization/notification before scheduling the patient. During the authorization/notification 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 a prior authorization/notification number valid?**
   A. The prior authorization/notification 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/notification?**
   A. If the imaging scan hasn't yet been performed, your office staff can still contact NIA to request prior authorization/notification for the procedure. However, claims for services that are performed without prior authorization/notification 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.

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Frequently Asked Questions, Continued

7. **Q. Can the rendering facility obtain prior authorization/notification in the event of an urgent test?**
   A. No. In the event of an urgent (non-emergency) test, the rendering facility may initiate prior authorization/notification 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 prior authorization.

12. **Q. Is prior authorization/notification 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/notification?**

A. **There is no need to contact NIA**. 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.

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 1-866-731-8080 and selecting Option 2 then Option 4.
Call Center hours: Monday-Friday, 8 a.m. to 8 p.m., EST, and
Saturday, 8 a.m. to 1 p.m., EST