

Outpatient Advanced Imaging Authorization

Information in this policy only applies to Harvard Pilgrim Stride (HMO) and Stride of New Hampshire (HMO) members.

Overview

Harvard Pilgrim's radiology authorization program is managed through an arrangement with National Imaging Associates (NIA). The following outpatient advanced imaging services are included in the program:

- Computerized Tomography and Computerized Tomography Angiography (CT/CTA)
- Magnetic Resonance Imaging and Magnetic Resonance Angiography (MRI/MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)
- Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)

Imaging procedures that are performed as part of hospital emergency room, observation stay, surgical day care/minor surgery or inpatient services do not require NIA authorization.

National Imaging Associates

National Imaging Associates is a nationally recognized leader in managing outpatient radiology services and has both NCQA certification and URAC accreditation. NIA developed clinical guidelines based on practice experiences, literature reviews, subspecialty guidelines, evidence based medicine, consensus review, feedback from payor Radiology Clinical Advisory Committees, expert opinion and empirical data. NIA's *Guidelines for Clinical Use of Diagnostic Imaging* can be found on its website, www.radmd.com.

Harvard Pilgrim retains oversight of all activities delegated to NIA.

Action Required—Ordering Provider

The ordering clinician is responsible for completion of the NIA authorization process before scheduling advanced imaging services.

- Authorizations can be requested on-line at www.radmd.com, or
- Contact NIA by telephone at 800-642-7543.
- NIA Call Center hours of operation are Mon.–Fri., 8 a.m.–8 p.m.
- Ordering providers should refer to NIA's website www.radmd.com/signup, for RadMD registration instructions.
- The planned procedure will be evaluated using NIA's evidence-based guidelines algorithms.
- A small percentage of cases will include peer-to-peer consultation.

Emergency advanced imaging procedures rendered at a location other than hospital emergency rooms require notification to NIA by the ordering clinician within two business days of the service.

Authorization is not complete until consultation, when required, has been concluded and an approved authorization transaction number has been issued. Failure to complete the authorization process will result in an administrative denial of the claim payment.

Information Required

The following information will be requested from the ordering clinician's office by NIA and should be available at the time of the call:

- Ordering physician name, office phone, mailing address, fax number
- Office administrative or clinical contact name or direct line/extension number
- Patient's name, date of birth and Harvard Pilgrim identification number
- Planned examination
- Reason for examination
 - Baseline for new treatment
 - Evaluation of current therapy or treatment
 - Further evaluation
 - Rule out disorder
- List of symptoms and their duration
- Conservative treatment (and duration) patient has already completed (such as physical therapy, chiropractic or osteopathic manipulation, massage, medications)

- A valid, specific ICD-10 diagnosis code that represents the indications(s) for which the service is ordered
- Name and address of provider office or facility where the service will be performed
- Diagnosis and clinical information
 - Patient history and diagnosis
 - Results of previous imaging studies
- History of medical or surgical treatment

Action Required — Servicing Provider (Imaging Facility)

The facility should confirm that the ordering clinician has completed the prior authorization process before providing services by requiring evidence of an approved NIA transaction number.

- Outpatient advanced imaging procedures should be scheduled only when an approved NIA transaction number is verified.
- If a patient calls to schedule an appointment for a procedure that requires authorization, and does not have the approved NIA transaction number, direct the patient back to the ordering clinician.
- If an imaging facility conducts an advanced imaging procedure for which authorization was not completed, the procedure will not be reimbursed and the member cannot be balance billed.
- If an emergency advanced imaging procedure is requested at a location other than a hospital emergency room, the imaging facility can call NIA to start the notification process. NIA will outreach to the ordering provider to obtain clinical information to complete the authorization.

NIA Response

When the process is completed, an approval transaction number will be given to the caller. (If the request is approved NIA will offer to transfer the caller to the imaging facility to schedule the procedure.) A confirmation fax will automatically be sent to the ordering clinician; if the request is approved, confirmation will also be faxed to the imaging facility. NIA will also send written confirmation of approval and denial decisions to the member.

The approval will contain the following information:

- Approved transaction number (ex. NIV12345)
- Planned procedure
- Imaging facility
- Date of service, if known (The approved transaction number is active for 31 days from the date of service, if known, or 31 days from the completion of the notification process.)

Denial letters will contain information needed to assist the member in understanding the denial, and deciding whether or not to appeal the decision, including:

- The specific reason(s) for the denial, including clinical justification of the decision (consistent with generally accepted standards of medical practice); discussion of the individual member's presenting symptoms or condition, diagnosis, and treatment interventions; and specific information upon which the adverse determination was based.
- The reason(s) that criteria were not met, including a reference to the benefit provision, guideline, protocol, or other criterion on which the denial was based, and notification that the member can obtain a copy of the actual information on which the denial was based.
- Any alternative treatment options offered by Harvard Pilgrim.
- The date that written or electronic confirmation was sent.
- Instructions as to how the member and/or physician can obtain a copy of the criteria used to make the determination.
- A description of appeal rights, including the right to submit written comments, documents, or other information relevant to the appeal; and an explanation of the appeal process including the right to member representation and timeframes for deciding appeals.

Status Inquiry

Electronic

Servicing providers can use NIA's electronic channel to determine if authorization has been completed through NIA's website, www.radmd.com.

- Refer to NIA's website, www.radmd.com, for RadMD registration information.

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Phone Option

Providers may check the status of radiology authorization requests by phone, 24 hours a day, 365 days a year, at 800-642-7543 — select option 2 from the main menu. This service is specifically for status inquiries only.

Notification Changes

NIA must be notified by telephone if any change to the original authorization occurs, such as a change to the procedure, a change to the imaging facility or a change to the date of service (if the new date of service exceeds the original 31-day date range validity period). Records in RadMD cannot be edited.

Retroactive Notification

After Hours

If a procedure is both scheduled and performed by a servicing facility outside of NIA's business hours (Mon.–Fri., 8 a.m.–8 p.m.), the facility must notify NIA within two business days. If the request for authorization is made within two business days, the claim will not deny for failure to notify in advance.

Additional Procedures

If the radiologist identifies a need to extend an imaging examination to a contiguous body area, the servicing facility should notify NIA of the extended study. NIA will update the authorization record to include the extended examination. The claim will not deny for failure to notify in advance.

Billable CPT Codes

The matrix below contains the CPT-4 codes that NIA manages on behalf of Harvard Pilgrim. If an exam is billed under any one of the given codes for that grouping and an approved transaction number has been issued within the date range validity period, the charge will be allowed. If a family of CPT codes is not listed in this matrix, an exact match is required between the notified CPT code and the billed CPT code.

Notified CPT/HCPCS Code	Description	Allowed 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, 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 Brain MRI	70554, 70555
71250	CT Chest	71250, 71260, 71270, 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

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STRIDESM (HMO) MEDICARE ADVANTAGE
Outpatient Advanced Imaging Authorization (cont.)

Notified CPT/HCPCS Code	Description	Allowed Billed Groupings
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, 72197, 73721, 72196, 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, S8037
74185	MRA Abdomen	74185
74261	Diagnostic CT Colonoscopy (virtual Colonoscopy, CT Colonoscopy)	74261, 74262
74263	Diagnostic CT Colonoscopy (Virtual Colonoscopy, CT Colonography)	74263
75571	Coronary Artery Ca Score, Heart Scan, Ultrafast CT Heart, Electron Beam CT	75571, S8092
75557	MRI Heart	75557, 75559, 75561, 75563, 75565
75572	CT Heart	75572
75573	CT Heart Congenital Studies, Non-Coronary Arteries	75573
75574	CTA Coronary Arteries	75574
75635	CT Angiography, Abdominal Arteries	75635
76380	CT Limited or Follow-Up	76380, 70486, 70487, 70488
76390	MR Spectroscopy	76390
77058	MRI Breast	77058, 77059
77084	MRI Bone Marrow	77084
78451	Myocardial Perfusion Imaging—Nuclear Cardiology	78451, 78452, 78453, 78454, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78496, 78499 — also included are the corresponding 9-range (93015–93018) and the radiopharmaceutical charges (A9500–A9605)
78459	PET Scan, Heart	78459, 78491, 78492—also allow billing for the corresponding cardiovascular stress test 9-range (93015–93018)
78472	MUGA Scan	78472, 78473, 78494, 78496 — also allow billing for the corresponding cardiovascular stress test 9-range (93015–93018) and the radiopharmaceutical charges (A9500–A9605)
78608	PET Scan, Brain	78608, 78609

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STRIDESM (HMO) MEDICARE ADVANTAGE
 Outpatient Advanced Imaging Authorization (*cont.*)

Notified CPT/HCPCS Code	Description	Allowed Billed Groupings
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
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
G0297	Low Dose CT for Lung Cancer Screening	G0297
S8037	MR Cholangiopancreatography	S8037, 74181, 74182, 74183

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