



BlueCross BlueShield of South Carolina/NIA Radiology Utilization Management Reference Guide



On behalf of BlueCross BlueShield of South Carolina, National Imaging Associates (NIA) pre-authorizes radiology benefits. NIA is an independent company that provides radiology benefits management.

BlueCross BlueShield of South Carolina/NIA FACT SHEET

- Effective April 1, 2009
- New prior authorization policy affects services originating in **outpatient settings only**. Emergency room, observation and inpatient imaging procedures do not require prior authorization.

Procedures Requiring Prior Authorization

- ▶ Computerized Axial Tomography (CAT) Scan
 - ▶ Magnetic Resonance Imaging (MRI)
 - ▶ Magnetic Resonance Angiography (MRA)
 - ▶ Positron Emission Tomography (PET) Scan
- The **ordering physician** is responsible for getting the prior authorization number for the study he or she requested. NIA will need to know patient symptoms, past clinical history and prior treatment information. These should be available at the time of the request.
 - There are two ways to get authorizations – visit www.SouthCarolinaBlues.com and click on the link to the NIA Web site at www.RadMD.com or call the toll-free number, 1-866-500-7664.
 - **Web site hours of operation are Monday through Friday, 5:00 a.m. to 12:00 a.m. EST and Saturday 8:00 a.m. to 1:00 p.m. EST.** To get an authorization, you will need to get your own unique username and password for each individual user in your office. Simply visit www.SouthCarolinaBlues.com and follow the link to www.RadMD.com and click on the “New User” button and complete the application form. If requesting authorizations through NIA’s Web site and your request is pending, you will receive a tracking number and NIA will contact you to complete the process.
 - **NIA call center hours of operation are Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.** You can get prior authorization by calling 1-866-500-7664. (The rendering facilities should conduct studies physicians order after normal business hours or on weekends as the ordering physician requests. The ordering physician, however, must contact NIA within 24 hours or the next business day to get proper authorization for the studies, **which will still be subject to medical necessity review.**)
 - A complete list of **CPT-4 codes** that NIA authorizes on behalf of BlueCross BlueShield South Carolina will soon be available at www.SouthCarolinaBlues.com.
 - You can find **NIA’s Guidelines for Clinical Use of Diagnostic Imaging Examinations** on NIA’s Web site at www.RadMD.com. They are in a PDF file that you can print for future reference. NIA developed its clinical guidelines from practice experiences, literature reviews, specialty criteria sets and empirical data.

ORDERING PHYSICIAN

Prior Authorization Implementation Recommendations

Procedures Requiring Prior Authorization*

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Prior Authorization Process

- There are two ways to get authorizations – visit www.SouthCarolinaBlues.com and click on the link to the NIA Web site at www.RadMD.com or call the toll-free number, 1-866-500-7664.

To expedite the process, please have the following information ready before logging into NIA's Web site or calling the NIA Utilization Management staff (*required information):

- ▶ Name and office phone number of ordering physician.*
- ▶ Member's 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/Evaluations
 - Ultrasound Reports

Important Notes:

- If NIA does not give the authorization during the initial intake process (level 1), it will forward the case to its clinical departments, which will review the clinical information the physician submitted. If needed, the clinical staff will request, via fax, additional clinical information. Physicians can fax this information to NIA's dedicated clinical fax line. An ordering office might request a hot transfer to a nurse clinical reviewer (level 2) during the initial request, however, an office should only request this if it has a clinician who can speak with NIA's nurses and who has additional clinical information that would support the requested study.

If authorization is still pending at the end of the initial call, it is not necessary for the ordering physician's office to remain on the line. If the authorization request still does not meet clinical criteria at the nurse review level, NIA will escalate it to physician review (level 3). At that point, the NIA physician may ask for more clinical information or request to have a peer discussion with the ordering physician.

- BlueCross does not require prior authorization for emergency room, observation and inpatient imaging.
- The ordering physician is responsible for getting prior authorization.

IMAGING FACILITIES

Prior Authorization Implementation Recommendations

As a provider of diagnostic imaging services that require prior authorization, it is essential that you develop a process to ensure that you have gotten the appropriate authorization number(s).

NIA offers the following recommendations for your review and consideration in developing a procedure that will be effective for your facility. These recommendations are for informational purposes only and are not policies of [BlueCross BlueShield of South Carolina](#) or National Imaging Associates, Inc. (NIA).

It is the responsibility of the rendering facility or physician to ensure that they have gotten prior authorization. BlueCross may deny claims for studies that are not preauthorized.

Procedures Requiring Prior Authorization

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BlueCross does not require prior authorization for emergency room, observation and inpatient imaging.

If an urgent clinical situation exists outside of a hospital emergency room, you should proceed with the study and contact NIA at 1-866-500-7664 the next business day to proceed with the normal review process.

Prior Authorization Recommendations

To ensure that you have gotten the authorization numbers, consider the following recommendations:

- Communicate to all personnel involved in outpatient scheduling that BlueCross requires prior authorization for the above procedures.
- If a physician's office calls to schedule a patient for a procedure requiring prior authorization, request the authorization number.
- If the physician's office has not gotten prior authorization for the patient, inform the office of this requirement and advise them to contact NIA. You may elect to institute a time period in which they need to get the prior authorization number, e.g. one business day.
- If a patient calls to schedule an appointment for a procedure that requires authorization, and does not have the authorization number, direct the patient back to the referring physician who ordered the examination.

Important Note:

- You can view information concerning approved authorizations at www.RadMD.com. On the right side of the home page is a section where the facility can log in and check the status of the authorization. The facility can search using the patient's ID number, patient's name or, if known, by the authorization number.

Sample - Prior Authorization Indicators

You can find a complete listing of prior authorization indicators at www.RadMD.com.

► Indicators for CT Examinations of the Abdomen

- Suspicious ultrasound.
- Abdominal organ enlargement or abnormality.
- Persistent clinical suspicion with negative ultrasound.
- Known primary or follow-up Ca to r/o mets.

Note: Abdomen and pelvis (ordered together) not indicated to evaluate pancreatic pathology (NIA will authorize abdomen only in that case).

► Indicators for CT Examinations of the Pelvis, Female

- Suspicious ultrasound.
- Staging of non-ovarian GYN cancer.
- Persistent clinical suspicion with negative ultrasound.
- Known primary, r/o mets in pelvic organ.
- Uterine/adnexal mass.

► Indicators for MRI and CT Examinations of the Brain

- History of significant head trauma or brain trauma with appropriate clinical findings.
- Known or r/o congenital abnormality with neurological symptoms or deficits.
- Suspicion of a brain abscess or an inflammatory disease with neurological symptoms.
- Focal signs suggestive of either ischemic or hemorrhagic insult.
- Suspicion of primary or metastatic neoplasm.
- New onset seizure disorder or significant change in a seizure patient.
- Progressive neurological deficits or worsening of neurological symptoms.

► Indicators for MRI and CT Examinations of the Spine

- History of significant spine injury with appropriate clinical findings.
- Mechanical low back pain for more than three months despite appropriate conservative management without any significant improvement.
- Suspicion of spinal abscess or other primary spine infection.
- Progressive neurological deficits or worsening neurological symptoms.
- Radicular symptoms unresponsive to conservative management for six weeks or more (providing the patient is a surgical candidate).
- Required pre-operative imaging.
- Any sign of significant bowel or bladder dysfunction

► Indicators for MRI Examinations of the Lumbar Spine

- Focal neurological deficit.
- Chronic or degenerative changes with bowel or bladder dysfunction.
- Unilateral leg pain refractory to conservative care.
- Cauda Equina syndrome (emergent).
- Neurogenic claudication.
- Suspected infection or discitis.

► Indicators for MRI Examinations of the Knee

- Suspicion of a primary metastatic neoplasm.
- Suspicion of a joint space infection.
- Documented mechanical symptoms particularly locking or significant instability.
- Hemarthrosis by arthrocentesis
- History and findings suspicious for an intra-articular loose body.
- Persistent disabling symptoms without response to appropriate conservative treatment for four weeks.