RADIOLOGY UTILIZATION AND QUALITY MANAGEMENT PROGRAMS

FACT SHEET
For Rendering Facilities/Providers

(Implementation of the prior authorization requirements is contingent upon approval of member materials by the New Hampshire Insurance Department.)

Beginning on December 1, 2004, Anthem Blue Cross and Blue Shield (“Anthem”) will implement Radiology Utilization and Quality Management programs designed to help us improve the quality and appropriateness of radiology services for Anthem.

The radiology program will be administered by National Imaging Associates, Inc. (NIA).

**Utilization Management:** Prior authorization will be required for the following outpatient diagnostic imaging services: MRI, MRA, PET, CT and Nuclear Cardiology for members of the specific plans and programs, as outlined below. NIA will issue a prior authorization number for these services to the ordering physician/provider to share with the rendering facility/provider. A list of specific 2004 CPT codes for the services affected by this new program is attached to this Fact Sheet.

**Quality Management:** In an effort to help promote clinical quality and safety in radiological services, clinical consulting services will be provided to physicians/providers ordering MRI, MRA, PET, CT and Nuclear Cardiology diagnostic imaging services for members of specified health plans. NIA will issue a notification number to the ordering physician/provider to share with the rendering facility/provider.

**Important Note:** The identified imaging services may be subject to the prior authorization requirement, or the quality management component, or neither, depending on the member’s health plan. The ordering physician/provider should always call NIA before ordering imaging services for any Anthem members. NIA will inform the physician/provider what utilization or quality management requirements may be applicable to imaging services for the particular member.*

**Physicians/providers are not required to obtain prior authorization numbers for services that are scheduled prior to December 1, 2004 for dates of service between December 1 and December 31, 2004.** NIA will be unable to issue authorization or notification numbers prior to December 1, 2004.

The following health plans will have either the prior authorization requirements or the quality management notification requirement. Therefore, the ordering physician/provider should always call NIA when ordering the designated diagnostic imaging services for members of these products, programs and plans.

- Blue Choice Three Tier, Two Tier (YGC)
- Blue Choice New England (NHP)
- Matthew Thornton Blue (YGG)
- HMO Blue/Network Blue New England (NHN)
- Blue Direct (YGF)
- Blue Preferred PPO (YGF)

* Coverage for the services included under this program is subject in all cases to the terms, limitations and exclusions set forth in the member’s most recent Certificate of Coverage.
Indemnity - JW and JY with Managed Care and Comprehensive with Managed Care (YGA)

New Hampshire Healthy Kids (YGK)

**Rendering Facilities/Providers:** It is the responsibility of the ordering physician/provider to obtain prior authorization by calling NIA. The rendering facility/provider should verify that the necessary authorization has been obtained. Failure to do so may result in the non-payment of the claim. Procedures performed that have not been properly authorized will not be reimbursed and the member cannot be balance billed.

- **Member Responsibility, out-of-network:** If an Anthem member accesses diagnostic imaging services through a non-participating provider, it is the member’s responsibility to contact NIA for prior authorization of the services when required under the member’s health plan.

- **Prior Authorizations are site-specific:** Each prior authorization number provided by NIA is specific to the rendering facility/provider. If the site of the service changes, the ordering physician/provider must notify NIA of the change.

- **NIA Call Center hours of operation are 8 a.m. to 8 p.m. Eastern time, Monday - Friday.**

- **Diagnostic imaging services rendered as part of emergency room services, or in an inpatient setting are not subject to any radiology program requirements.**

- **Diagnostic imaging services rendered in an urgent care setting at the time of the urgent care visit are not subject to any radiology program requirements. However, if a member in an urgent care setting is referred for diagnostic imaging services at a future date, those imaging services are subject to any applicable radiology program requirements.**

- **Studies ordered after normal business hours or on weekends should be conducted by the rendering facility/provider, as requested by the ordering physician/provider. However, the ordering physician/provider must contact NIA within two business days to initiate the authorization process. NIA will determine if prior authorization is required for that member and conduct their review accordingly.**

- **If the rendering facility/provider feels an additional service is necessary, they should call NIA at 1-866-247-9729 to initiate the process. NIA will then contact the ordering physician/provider to complete the normal review process for the additional services.**

- **If the additional service is performed after NIA business hours, the imaging service facility/provider may conduct the test, but must contact NIA within two business days to initiate the authorization process. NIA will determine if prior authorization is required for that member and conduct their review accordingly.**

- **If a prior authorization is required and is approved, NIA will issue an authorization number to the ordering physician/provider to give to the rendering facility/provider when the service is scheduled. A separate authorization number is required for each imaging service ordered. Please note: An authorization number is not a guarantee of payment. Compensation is based on your agreement with Anthem and the terms of the member’s health plan.**

- **If prior authorization is not required, but the quality management component of the program is applicable, NIA will issue the ordering physician/provider a notification number, which should be shared with the rendering facility/provider.**

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The authorization number is good for 60 days from the date the request was authorized.

The rendering facility/provider can view the member’s authorization/notification number by logging onto NIA’s secure Website, www.radmd.com. If the facility/provider does not already have an account on the NIA site, they may fill out a form and submit it online. A user name and password will be provided within 10 days. If the facility/provider already has a username and password with NIA, they should email webmaster@niainc.com after December 1, 2004 to update their account to include Anthem. They should include their account ID number or username in the email. If they don’t have email access, they may call the radmd help desk at 1-877-80radmd (1-877-807-2363).

NIA will provide the required information (authorization/notification number, ordering physician/provider’s name, member name, service date range) to Anthem for claims processing.

The ordering physician/provider should provide the member with a written order to give to the rendering facility/provider, whenever possible. That includes the authorization or notification number and the indications for the imaging service.

To ensure that appropriate authorization numbers have been obtained from NIA by the ordering physician/provider, it is recommended that:

- All personnel involved in outpatient scheduling be informed that prior authorization may be required for some Anthem members for the above specified procedures.
- The rendering facility/provider should request the authorization or notification number from the ordering physician/provider when the service is scheduled.
- If the ordering physician/provider has not obtained a prior authorization or notification number, inform him/her that it may be required and advise him/her to call NIA at 1-866-247-9729. The rendering facility/provider may elect to institute a time period within which the ordering physician/provider needs to obtain the prior authorization or notification number (e.g. one business day).
- If an Anthem member calls to schedule an appointment for a procedure that may require prior authorization or notification, and does not have an authorization or notification number, the rendering facility/provider may elect to call the ordering physician/provider to obtain the prior authorization or notification number.

NIA’s guidelines for Clinical Use of Diagnostic Imaging Examinations can be found on the NIA Website: www.radmd.com. The guidelines were developed from practice experience, literature review, specialty criteria sets and empirical data. These guidelines are used for both the prior authorization program and the quality management program.

If you have any questions about the Radiology Utilization Management or Quality Management programs, please contact your Provider Representative directly or call (603) 695-7975 to be connected to your Provider Representative. Beginning on December 1, 2004, you can call NIA directly at 1-866-247-9729.

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The following process will go into effect on December 1, 2004.

The Anthem Blue Cross and Blue Shield ("Anthem") Radiology Utilization and Quality Management programs require prior authorization or notification for many Anthem members for the imaging services outlined below.* (Implementation of the prior authorization requirements is contingent upon approval of member materials by the New Hampshire Insurance Department.)

The following recommendations are offered for consideration in developing processes that will be effective for your facility. These recommendations are for informational purposes only, and are not policies of Anthem or National Imaging Associates, Inc. (NIA).

### Procedures Requiring Prior Authorization or Notification:
- CT Scan
- MRI/MRA
- Nuclear Cardiology
- PET Scan

Be Aware of Possible Prior Authorization or Notification Requirements

To help ensure that you receive any required prior authorization or notification numbers from the ordering physician/provider, please consider these recommendations:

- Communicate with all personnel involved in outpatient scheduling that prior authorization or notification is required for most Anthem members for the above procedures.
- If a physician/provider office calls to schedule any Anthem member for a procedure that may require prior authorization or notification, request the prior authorization or notification number at that time.
- If the ordering physician/provider has not obtained a prior authorization or notification number, inform him/her that it may be required and advise him/her to call NIA at 1-866-247-9729. The rendering facility/provider may elect to institute a time period within which the ordering physician/provider needs to obtain the prior authorization or notification number (e.g. one business day).
- If an Anthem member calls to schedule an appointment for a procedure that may require prior authorization or notification, and does not have an authorization or notification number, the rendering facility/provider may elect to call the ordering physician/provider to obtain the prior authorization or notification number.

**Important Notes**

- It is the responsibility of the rendering facility/provider to ensure that prior authorization has been obtained, whenever necessary. Procedures performed that have not been properly authorized will not be reimbursed, and the member cannot be balance billed.
- **Prior Authorizations are site-specific**: Each prior authorization number provided by NIA is specific to the rendering facility/provider. If the site of the service changes, the ordering physician/provider must notify NIA of the change.
- A separate prior authorization number is required for each imaging procedure ordered that requires prior authorization.
- Services rendered as part of emergency room services or in the hospital inpatient setting, or in an urgent care setting at the time of the urgent care visit, are not subject to prior authorization. Studies ordered after normal business hours or on weekends should be conducted as requested by the ordering physician/provider. However, the rendering facility/provider should call NIA to initiate the authorization process within two business days. NIA will then contact the ordering physician/provider to proceed with the normal review process.

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