Do we call the same telephone numbers for questions regarding the radiology program? Yes. The Medical Management telephone numbers remain the same—just dial (804) 342-0010 in Richmond or toll free (800) 533-1120 (for callers outside the Richmond area), Monday—Friday, 8a.m. to 5p.m. Our interactive voice response system was updated to direct calls for radiology to a dedicated unit beginning July 18.

How long will it take to have the radiological service authorized? Will we get immediate authorization? While regulatory and accreditation standards allow two business days on non-urgent requests once all the necessary information is gathered, our goal is to adhere to current time frames. Some requests will be approved immediately while others will need nurse or physician review.

How long is the approval period on a Health Services Review authorization? The approval period on the authorization will span 14 days from the proposed date of service. [Example: if the proposed date of services is August 25 then the authorization period would be 08/25/2005 – 09/08/2005]

Can we use Point of Care to request review for outpatient radiology services? Yes. A Health Services Review for advanced outpatient diagnostic imaging services can be requested via Point of Care for providers that have access for this function. Additional instructions specify the clinical information that should be submitted.

What is the turn around time for a Health Services Review request via Point of Care? As before, if the request is submitted by 3 p.m. will Anthem provide a decision by 5 p.m. that day? If we have all the information needed and the nurse can approve the request, we will make an immediate decision. However, if a nurse is unable to approve the service, a peer-to-peer discussion with the ordering provider may be required before a decision is rendered.

Can I verify if the Health Services Review was authorized online? Yes. Providers who are registered users of Point of Care can verify if an authorization is on file. Servicing providers should take advantage of this on-line capability to verify the outpatient diagnostic imaging service has been approved prior to rendering the service.

Can Health Service Review request be submitted via fax? Yes. However, faxing a review request is not the most efficient means to accomplish this. The preferred methods are Point of Care and the telephone. The fax numbers for Radiology UM are: 354-2897 and 354-2933.

Does the ordering physician need to have the exact CPT code to request the Health Services Review via phone or Point of Care? No, the ordering provider is not required to have the exact CPT but should be able to advise the type of test and body area. When submitting a request via Point of Care a procedure code is required to simply identify the authorization type and body area. (Example: need to identify as Chest MRI but with or without contract is less important)

Who is required to obtain the Health Services Review? The physician who orders the test is responsible for obtaining the Health Services Review. Most often, the ordering physician is the patient’s primary care physician (PCP) or a specialist who has the clinical information necessary to complete the questions for an authorization.
Generally, the health plan prefers that the ordering physician complete the authorization because the physician has the clinical rationale and information. In addition, this is an educational and collaborative conversation.

**What is the servicing provider’s responsibility?**
The servicing provider is not responsible for obtaining the review but is encouraged to confirm that a Health Services Review was authorized. To verify authorization, simply access Point of Care, call the service operations telephone number listed on the back of the member’s ID card or contact the ordering physician.

**What if a member arrives at the radiology facility and the Health Services Review was not completed by the ordering physician?**
To avoid inconvenience for the patients, servicing providers should confirm that the services were authorized prior to scheduling services. If the servicing provider calls to initiate the Health Services Review, Anthem Blue Cross and Blue Shield in Virginia will review and consider based on the patient’s clinical information provided. The member may need to contact the ordering provider to supply the necessary information to obtain a Health Services Review.

**I have radiology equipment in my office. Do I need to obtain a Health Service Review to perform CTs, MRIs, PETs or nuclear studies for HMO/PAR/PPO/POS members?**
Yes. All providers are required to call for a Health Services Review on all advanced imaging services performed in their office or in another outpatient facility.

**Will Anthem Blue Cross and Blue Shield publish a description of all CPT codes that require a Health Services Review?**
On Point of Care, the link “Is a Health Services Review Recommended?” was updated to include the complete list of codes that require a Health Services Review. Procedures may be added or deleted when new codes are published however the general category will remain the same. A Health Services Review is required for advanced outpatient diagnostic imaging performed in a freestanding imaging center, in the hospital outpatient setting or in physician’s office.

**Can providers obtain retrospective authorizations?**
Generally, a Health Services Review is not done retrospectively. If services are performed after business hours (nights or weekends) the provider should call Anthem Blue Cross and Blue Shield the next business day.

**What is the situation for urgent/emergent for PAR/PPO/POS and HMO members?**
If a member receives emergency services in the physician’s office, PCP’s office, clinic or urgent care center and an advanced imaging radiology study is recommended, then a Health Services Review may be requested either within 48 hours or by the next business day, whichever is later.

If an emergency condition is treated in the ER of a hospital and an advanced imaging radiology study is recommended; then a Health Services Review is not required.
HMO/PPO POS members still need referral to ER.

If a member receives emergency services in the ER of a hospital and is scheduled to return to the hospital and receive an advanced imaging radiology study on a later date, then a Health Services Review may be requested either within 48 hours or by the next business day, whichever is later.
In Virginia, will Anthem Blue Cross and Blue Shield members be notified of the radiology procedures requiring a Health Services Review?
Communication about the program was included in a newsletter mailed mid June to members. Group administrators also received information about the program in a June newsletter.

Who will be notified of the authorization decision? How?
An authorization letter is sent to the member and both the ordering and servicing provider. In addition to the written correspondence, Anthem will follow up with a telephone call if an adverse decision is reached.

Is there an appeals process?
In Virginia, our appeals process will remain the same. Appeals related to the Radiology Utilization Management Program will follow Anthem Blue Cross and Blue Shield’s current process.