Background
Effective August 1, 2005, Anthem Blue Cross and Blue Shield in Virginia will require a Health Services Review (formerly known as pre-authorization) on advanced outpatient diagnostic imaging services. Under the program, a Health Services Review will be required for advanced imaging radiology services for our HMO, PPO, POS and PAR lines of business.

Nationally, organizations that manage advanced imaging studies using guidelines of specialty societies, such as the American College of Radiology, estimate that 20 to 30 percent of these studies are not medically necessary or are duplicative. Advanced imaging rates in Virginia indicate that we have similar issues. For example, CT scans occur at a rate nearly 1.5 times the national rate.

This suggests that we are not using health care resources as efficiently as we might. It also raises concerns that unnecessary imaging may contribute to two patient safety issues: increased radiation exposure and false positive findings that may require additional testing and potential surgical procedures.

Radiology UM Program Information
Services that will require a Health Services Review include MRI, PET, CT and Nuclear Cardiology. Specifically:
- CT (Computerized or Computed Tomography) scans
- CTA (Computed Tomographic Angiography)
- Nuclear Cardiology
- PET (Positron Emission Tomography)
- MRI (Magnetic Resonance Imaging)
- MRA (Magnetic Resonance Angiography)
- MRS (Magnetic Resonance Spectroscopy)
- SPECT (Single Photon Emission Computed Tomography)

On July 18, 2005, Anthem Blue Cross and Blue Shield in Virginia will open a call center exclusively to handle advanced outpatient diagnostic imaging Health Services Review requests for dates of service beginning August 1, 2005. Please ensure that any advanced imaging radiology services scheduled for August 1 and after have had a Health Services Review prior to the date of service.

Advanced outpatient diagnostic imaging performed in a freestanding imaging center, in the hospital outpatient setting or in physician's office requires a Health Services Review.

Health Services Review for advanced outpatient diagnostic imaging services will be required for enrollees of PPO/Par, PPO POS and the HMOs, including Medicare Advantage enrollees, and Anthem HealthKeepers Plus (Medicaid) enrollees. Members enrolled in FEP, Medicare Supplement, ITS Host and Inmate Medical Services Program will be unaffected by these changes.
How to Begin the Health Services Review Process
It is important that you know that the ordering physician is responsible for submitting the Health Services Review request for coverage of the advanced outpatient diagnostic imaging service. The Medical Management telephone numbers remain the same (804-342-0010 in Richmond or 800-533-1120 Toll Free). For faster service, a Health Services Review can be requested via Point of care for providers that have access to this function. Additional instructions have been documented to outline what clinical information should be included in the request. It is extremely important to provide the clinical information required in order to avoid call-backs or delays.

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 may need nurse or physician review. 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.