

**EFFECTIVE DATE:** 01 | 01 | 2026

**POLICY LAST REVIEWED:** 10 | 01 | 2025

## **OVERVIEW**

This policy documents the cardiology and radiology services in which prior authorization is required by the Blue Cross & Blue Shield of Rhode Island (BCBSRI) through the Cardiology and Radiology Management Program vendor for Medicare Advantage Plans and Commercial Products.

## **MEDICAL CRITERIA**

### **Medicare Advantage Plans and Commercial Products**

Clinical guidelines for approval of the tests listed below are found on the Cardiology and Radiology Management Program vendor's website which can be accessed at [evicore.com](http://evicore.com) or calling 888-233-8158 or faxing to 888-693-3210.

## **PRIOR AUTHORIZATION**

### **Medicare Advantage Plans and Commercial Products**

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products.

Effective 10/1/2025, for Fully-Funded Commercial Products only, prior authorization requests may not be needed when the requesting physician is a BCBSRI Contracted Primary Care Provider. See below for a list of specialties. Prior authorization continues to be needed for all other Commercial Products, including Self-Funded and Medicare Advantage Plans.

The following specialties, that are credentialed as a primary care provider, are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- Obstetrics and Gynecology
- Doctor of Osteopathic Medicine
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

Effective 5/15/2025, prior authorization requests for certain services may not be needed when the requesting physician is a Blue Cross and Blue Shield of Rhode Island (BCBSRI) contracted Primary Care Provider. Please see the Addendum in the attached code grid for applicable services.

The following specialties are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

**NOTE:** This prior authorization requirement does not apply to services rendered in an emergency room, observation or inpatient setting.

## **POLICY STATEMENT**

### **Medicare Advantage Plans and Commercial Products**

The physician who orders the cardiology or radiology services must initiate and complete the authorization with the BCBSRI Cardiology and Radiology Management Program vendor. The ordering physician must

maintain all documentation to support the clinical appropriateness of the study that is ordered and will complete the authorization accurately.

Effective 5/15/2025, prior authorization requests for certain services may not be needed when the requesting physician is a BCBSRI contracted Primary Care Provider. Please see the Addendum in the attached code grid for applicable services.

The following specialties are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

### **For BCBSRI Participating Providers**

Imaging facilities/hospitals are not allowed to obtain clinical authorization on behalf of the ordering physician. In no circumstance, unless expressly agreed to by BCBSRI in writing, will a physician use a representative of an imaging facility/hospital or anyone with a relationship to an imaging facility/hospital, to facilitate any portion of the authorization process with the Cardiology and Radiology Management Program vendor, including any element of the preparation of necessary documentation of clinical appropriateness. If an imaging facility/hospital is found to be supporting, without BCBSRI express written agreement, any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a facility/hospital provides a cardiology or radiology service that has not been authorized, the service will be denied as the financial liability of the facility/hospital and may not be billed to the member.

### **COVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable Radiology/Diagnostic Imaging services.

### **CODING**

The following codes are covered if approved by the BCBSRI's Cardiology and Radiology Management Program vendor.

[2025 Codes for Cardiology and Radiology Services](#)

### **RELATED POLICIES**

None

### **PUBLISHED**

Provider Update, May/September/November 2025

Provider Update, October 2024

Provider Update, May 2023

Provider Update, March 2022

Provider Update, March 2021

**CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

