

Medical Coverage Policy | High-Tech Radiology Imaging



EFFECTIVE DATE: 06|07|2011

POLICY LAST UPDATED: 10|01|2013

OVERVIEW

This policy documents the high-tech radiology imaging services in which pre-authorization is required by the Blue Cross & Blue Shield of Rhode Island (BCBSRI) Radiology Management Program vendor.

PRIOR AUTHORIZATION

Prior authorization is required. Contact BCBSRI Radiology Management Program vendor at 1-888-233-8158.

POLICY STATEMENT

Pre-authorization through the BCBSRI Radiology Management Program vendor applies to the following high-tech radiology services for all BCBSRI products with a pre-authorization requirement:

- Computerized Tomography (CT)
- Computerized Tomography Angiography (CTA)
- Magnetic Resonance Imaging (MRI)
- Magnetic Imaging Angiography (MRA)
- Nuclear Cardiology
- Positron Emission Tomography (PET)

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

MEDICAL CRITERIA

Clinical guidelines for approval of the tests listed below are found on the Radiology Management Program vendor's website.

BACKGROUND

For BCBSRI Participating Providers

High-tech radiology imaging requires that the physician who orders the high-tech radiology must initiate and complete the authorization with the BCBSRI 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. Clinical guidelines used to approve these tests are located on the Radiology Management Program vendor's website along with a listing of services that require preauthorization.

Effective January 1, 2011, imaging facilities/hospitals **are not allowed** to obtain clinical authorization on behalf of the ordering physician. Under 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 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 high-tech radiology service that has not been authorized, the service will be denied as the financial liability of the radiology facility/hospital and may not be billed to the member.

COVERAGE

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

CODING

The following codes are covered when medical criteria is met for BlueCHIP for Medicare and Commercial products:



CPT and HCPCS
codes only.pdf

RELATED POLICIES

None

PUBLISHED

Provider Update, August 2015

Provider Update, November 2010

REFERENCES

None

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