

Medical Coverage Policies

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High-tech Radiology Imaging

EFFECTIVE DATE	01/01/2011	LAST UPDATED	10/19/2010
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Description:

Effective January 1, 2011:

For BCBSRI Participating Providers

Pre-authorization through the BCBSRI Radiology Management Program vendor applies to the following high tech radiology services:

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

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 vendors 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. 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 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.

This policy applies to all BCBSRI members, *excluding* NEHP, FEP, Workers Compensation, Classic (Unmanaged), and Plan 65.

The following CPTcodes apply if a members product recommends pre-authorization:

70336

70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498

70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549, 70551, 70552, 70553, 70554, 70555

71250, 71260, 71270, 71275

71550, 71551, 71552, 71555

72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198

73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225

73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725

74150, 74160, 74170, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185

74261, 74262, 74263

75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574

76376, 76377, 76380, 76390

77021, 77058, 77059, 77084

78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78496, 78499

78608, 78609

78811, 78812, 78813, 78814, 78815, 78816

0042T

G0219, G0252

S8037, S8042

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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 judgement 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.

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