

High-End Imaging Prior Notification Process Frequently Asked Questions

1. When does the prior notification process take effect?

Effective June 1, 2010, Security Health Plan required affiliated physicians to complete prior notification for all high-end imaging tests: MRI, CT (excluding SPECT) and PET scans. Security Health Plan **will deny** professional and technical charges for high-end images that are performed without prior-notification.

At this time, this is a prior notification requirement, not a precertification or preauthorization. It is required for outpatient high-end imaging services only.

2. Who does this apply to?

This applies to all Security Health Plan (commercial, Medicare, Medicaid) members. For Security Administrative Services (self-funded) participants, the back of their member ID card will provide instructions for prior authorization/notification requirements.

3. What tests need to receive prior notification?

Prior to performing outpatient, high-end imaging tests, **ordering providers** need to notify Security Health Plan. High-end images that are conducted in a hospital inpatient setting, skilled nursing facility, emergency room, urgent care, observation unit or walk-in clinic do not require prior notification.

For a current list of high-end imaging CPT codes that require prior notification, please reference the CPT Code Crosswalk Table located at www.securityhealth.org by clicking on *Providers*, then *Provider Relations Center*.

4. How do I notify Security Health Plan?

High-end imaging prior notification should be completed via Security Health Online at www.securityhealth.org. To obtain access to our online portal, please contact your Provider Contract Manager at 1-800-548-1224.

5. Are CPT code modifications allowed?

Under the CPT Code Crosswalk Table, for certain specified CPT code combinations, providers will not be required to contact Security Health Plan to modify the existing notification record.

Modifications can be made after the initial prior notification where either the CPT code notified is not present on the CPT Crosswalk Table and/or doesn't match the procedure that needs to be performed. This must be done within 2 business days of the test being performed.

If an additional procedure needs to be performed and is not present in the CPT Crosswalk Table, the ordering provider must obtain a new notification number.

6. What happens if the location of the test changes after the prior notification has been submitted?

The ordering provider will need to notify Security Health Plan via telephone within 48 hours.

7. What information do I need?

Security Health Plan's high-end imaging prior notification tool will ask for the member name, name of provider ordering the test, member diagnosis, high-end imaging test being ordered and location of the performing provider

done. In addition, the software will require completion of a medical record review. The medical record review questions are based on the diagnosis entered and test that will be performed. Completion of this section will ensure our members receive the appropriate test for their medical condition.

8. Who is responsible for obtaining the notification?

The **ordering provider's office** must notify Security Health Plan. As confirmation, Security Health Plan's online tool provides the ordering provider with a *Provider Verification Number* example, C0004234. If any changes occur (servicing location, test, ordering provider etc.) after the prior notification process, the ordering or servicing provider will need to notify Security Health Plan again before the high-end imaging test is performed.

Please note:

- Providers that are not affiliated with Security Health Plan are not required to prior notify, even if the non-affiliated provider orders a test at an affiliated servicing provider.
- Marshfield Clinic, Essentia Health and St. Luke's Hospital Association of Duluth have committed to using their decision-support tool to evaluate high-end imaging tests. Tests **ordered by providers** from these facilities do not need to go through Security Health Plan's prior notification process.
- Dentists and oral surgeons are not required to prior notify high-end imaging services.

9. High End Imaging services performed on an emergency basis: If the high-end imaging services are considered

urgent/emergent but are not rendered in place of service 20 (Urgent Care Facility) or place of service 23 (Emergency Room), please append modifier ET (Emergency Services) to the appropriate high-end imaging CPT code. This is located in box 24D on the CMS 1500 professional claim form, or form locator 44 on the UB 04 institutional claim form.

Urgent/emergent HEI charges submitted with modifier ET will alert Security Health Plan claims staff that the services do not require prior notification. Failure to submit charges properly may result in denied claims.

10. How does the notification number work?

Notification numbers are used for reference only and are not valid for claim payment.

A notification number is required for each individual CPT code and each number is CPT code specific.

The notification number is valid for 90 calendar days from the date the notification number was issued.

11. What are the performing provider's responsibilities?

If you are performing and billing for these services and are unsure if Security Health Plan was notified, you may use Security Health Plan's Provider Portal to verify that a prior notification was completed. To obtain access to our on-line portal, please contact your Provider Contract Manager at 1-800-548-1224.

If the performing provider determines there is no prior notification on file (not required for exempt providers), he/she should contact the ordering provider and request he/she submit a prior notification to Security Health Plan **prior** to the test being performed.

12. What information is needed on the claim form?

To process the claim efficiently and accurately, the following information is needed:

UB04 claim form- Enter the ordering provider's name and NPI number in field 78 - "other."

CMS 1500 claim form- Enter the ordering provider's name in box 17 and the NPI in box 17b.

13. How will denied high-end imaging services be identified?

Radiology claims administratively denied for no prior notification will be identified using the ANSI denial code **CO197**.

Radiology claims administratively denied if there is prior notification but no referring provider listed on claim are identified using the ANSI denial code **CO125** (billing error) with **OAN286** remark code identifying the reason for the billing error.

Radiology claims administratively denied if the CPT code provided for prior notification does not match the actual CPT performed are identified using the ANSI denial code **OAN54**.

14. How does prior notification work with Advocare plan (Medicare) and Medicaid payments?

Any high-end imaging test that is ordered needs to receive prior notification from Security Health Plan, regardless of the insurance coverage. However, for Advocare plans (Medicare) and Medicaid claims, obtaining prior notification does not guarantee payment because Security Health Plan follows Medicare and Medicaid coding and billing guidelines to process claims.

15. If the submitted claim is denied for no notification, can the member be balanced billed?

No.

16. What if Security Health Plan is a secondary payer?

No notification is required.

17. What if the member is in a nursing home?

No notification is required.

18. When will I need to have new processes in place?

As of November 15, 2010, all professional and technical charges associated with a high-end imaging test **will be denied** if Security Health Plan does not receive notification prior to a non-urgent/non-emergent high-end imaging test being performed.