



High-End Imaging Notification Process

Using a Radiology Decision Support Tool



What is radiology prior notification?

- A prior notification process required for affiliated providers*, facilities and ancillary providers for selective outpatient, high-end imaging procedures **prior** to performance, with administrative claim denial for non-compliance.

*Marshfield Clinic, Essentia Health and St. Luke's System of Duluth have implemented or are in the process of implementing their own high-end imaging decision support tool and therefore **do not need** to complete a prior notification **for high-end imaging tests that these providers order.**



Imaging trends

- High-tech imaging—which is MRI, CT, nuclear medicine, and PET—accounts for about 20% of the procedures, 60% of the dollars, and 75% of the growth in dollars. *
- A study in the New England Journal of Medicine shows that as many as 1.5% to 2 % of cancers in the U.S. may be attributable to radiation from CT scans.**

*Source: *Imaging Economics*, June 2007

**Source: *Ensuring Quality through Appropriate Use of Diagnostic Imaging*, America's Health Insurance Plans, July 2008



Imaging trends

- A chest CT exposes a patient to 80-400 times the radiation of a chest X-ray. **
- One-third of imaging procedures are inappropriate.**

*Source: *Imaging Economics*, June 2007

**Source: *Ensuring Quality through Appropriate Use of Diagnostic Imaging*, America's Health Insurance Plans, July 2008



Reasons for radiology decision support tool

- Ensures the most appropriate medical test is ordered.
- Reduces unnecessary radiation exposure to patients.
- Prevents unnecessary testing.
- Supports providers in their decision-making process.



What is radiology prior notification?

- It is **not** a precertification or preauthorization.
- The ordering provider maintains final decision authority of which high-end imaging test is performed.
- If you fail to prior notify, retro-notification will not be accepted.



Modalities requiring prior notification

- CT (excluding SPECT)
- MRI
- PET

A complete list of CPT codes requiring notification is available at www.securityhealth.org

- **Provider portal:** Login with your username and password; under *NEW From Security Health Plan*, then *Announcements*
- **Main Web site:** Select *Providers*, then *Provider Relations Center*



Benefits and products

The following benefit plans offered through Security Health Plan require prior notification:

- Commercial
- Medicare Advantage
- Medicaid (BadgerCare Plus)
- Security Administrative Services (employer self-funded) as determined by each individual employer group. Verify prior authorization/notification requirements for these groups by obtaining a copy of the member's identification card.



Places of service that require notification

Notification is **required** in the following outpatient settings:

- Freestanding imaging centers (stationary and mobile)
- Hospital outpatient
- Physician's office



Places of service that do not require notification

Notification is **not required** for imaging services delivered in:

- Hospital (inpatient only)
- Emergency rooms
- Observation units
- Urgent care centers
- Walk-in clinics



Ordering provider's responsibilities

- The ordering provider or designee* is responsible for obtaining a notification number prior to scheduling high-end outpatient imaging procedures. This prior notification can be done via Security Health Plan's Online Provider Portal at www.securityhealth.org beginning November 2010. To obtain access to the Security Health Plan Provider Portal please contact your Provider Contract Manager at 1-800-548-1224.

* A designee may be a member of the provider's office staff.



Prior notification number information

- **High-end imaging prior notification:** A notification number is required for each individual CPT code and each number is CPT code specific. The number begins with the letter “C” e.g. C000432

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Prior notification number information

- Prior notification numbers are used for reference purposes only and are not valid for claim payment.
- **Modification to already prior notified (PN) procedure:**
Providers will not be required to contact Security Health Plan to modify the existing notification record when the CPT code for the notified procedure is listed within the same 'grouping' on the CPT Code Crosswalk Table.

Found on www.securityhealth.org by clicking on *Providers*, then *Provider Relations*.



Prior notification number information

- Modifications can be made after an initial notification has been complete. The ordering provider may modify the original notification by calling 1-800-443-8781.
 - This must be done within 2 business days of test being performed.
- If an additional procedure needs to be performed and is not present in the CPT Code Crosswalk Table, the ordering provider must obtain a new notification number.



Prior notification number information

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



Performing provider's responsibilities

To ensure payment, prior to performing any high-end imaging study, the performing provider can validate that a notification is on file by:

- Accessing Security Health Plan's online provider portal. To obtain access to our provider portal, contact your Provider Contract Manager at 1-800-548-1224.
- Calling the Provider Assistance Line (PAL) at 1-800-548-1224.



Performing provider's responsibilities

- If the **performing** provider determines there is no notification on file *, he/she should contact the **ordering** physician and request he/she submit a notification prior to the test being performed.
- Security Health Plan will use reasonable efforts to work with the **performing** provider to obtain the notification from the **ordering** provider prior to the rendering of services.

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Key points to remember regarding claims

- High-end imaging global or professional (26 modifier) and technical (TC modifier) service claims are subject to administrative denial for payment for no notification.
- Radiology claims administratively denied for no prior notification are identified using the ANSI denial code **CO197**.
- 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 24 D on the CMS 1500 professional claim form, or form locator 44 on the UB 04 institutional claim form. Urgent/emergent high-end imaging 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

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Key points to remember regarding claims

- 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**.



Key points to remember regarding claims

- Primary/Secondary: No notification is required when Security Health Plan is secondary to any other payer, including Medicare.
- Receipt of notification number does not guarantee payment.
- Claim questions or appeals should be submitted through the regular Security Health Plan protocol outlined in Plan Provider and Facility Manuals.



Key points to remember regarding claims

- There is no need to put the notification number on the claim form; however, the provider may do so at their discretion.
- Members may not be balanced billed for denials related to absence of prior notification for a high-end imaging procedure.
- For questions about claims status or denials call 1-800-548-1224.



Evidence-based clinical guidelines

The high-end imaging tool is consistent with InterQual Evidence-based Criteria. The on-line tool incorporates InterQual Criteria into the medical necessity review module, which in turn generates real-time medically appropriate recommendations at the point of care through an interactive Q&A format.



Frequently asked questions

Answers to frequently asked questions about Security Health Plan's high-end imaging prior notification process can be obtained in the following ways:

- 1. Provider portal:** Login with your username and password; under *NEW From Security Health Plan*, then *Announcements*
- 2. Main Web site:** Select *Providers*, then *Provider Relations Center*