

Peach State Health Plan OB Ultrasound Quick Reference Guide For Ordering Physicians



Effective December 1, 2010

Peach State Health Plan and National Imaging Associates, Inc. (NIA) will incorporate OB Ultrasound (US) procedures into the existing radiology management program effective December 1, 2010, as follows:

- The first one (1) to two (2) OB ultrasounds do not require prior authorization or registration if CPT code billed is
 - 76801 or 76817 for the first trimester. 76805 or 76811 for second trimester (76811 should only be used for the second US when the diagnosis is 642.xx, 646.xx, 648.xx or 796.5).
 - 76816 for the third trimester (when first US is not done until second trimester).
 - One nuchal measure (76813) is ALSO included as a benefit without prior authorization, when performed in the first trimester. The nuchal measure does not count as one of the first 1-2.
 - Claims submitted that are outside of these CPT codes will not be paid.
- OB ultrasounds beyond the initial 1-2 procedures listed above (and nuchal measure) must be prior authorized by NIA using NIA's clinical guidelines to determine medical necessity.
- Claims for services beyond the initial ultrasounds described above that have not been authorized will not be paid.

The ordering physician is responsible for obtaining prior authorization for OB Ultrasound services beyond the initial one (1) to two (2) ultrasounds and nuchal measure.

It is the responsibility of the rendering physician (if different than the ordering physician) to ensure that prior authorization was obtained. Payment will be denied for procedures performed without a necessary authorization and the member cannot be balance-billed for such procedures.

Authorizations for OB Ultrasounds

1. Multiple ultrasounds may be approved for specific, verified medical conditions, such as diabetes, hypertension, hypothyroid disease, etc.
2. Any condition that does not result in an authorization at intake will be discussed with a clinical reviewer to allow the authorization of multiple services for the specific conditions.
3. Ultrasounds, when performed as a component of antepartum testing, are included in the authorization process. The standard approach for antepartum testing is a Non-Stress Test (NST) with or without an Amniotic Fluid Value (AFV) via a limited ultrasound (76815) – i.e. “modified biophysical profile”. A “full” biophysical profile (NST plus four ultrasound components of FM, FT, AFV and FBM) is not considered necessary if the NST is reactive.

4. "Non-Stress Test"/NST (CPT - 59025) does not require prior authorization (is not managed by the PSHP/NIA program), but is recommended with fluid checks (AFV-76815) for the specified conditions for antepartum testing.
5. All requests for biophysical profiles will be clinically reviewed.
6. **Emergency services** (services delivered in an emergency room or urgent care center) **do not require prior authorization.**
 - a. For urgent situations in an office setting, physicians should act in the best interest of the patient.
 - b. In the event that a service is delivered on an urgent basis in an office setting without prior authorization, a request can be submitted the same business day or the health plan will consider information submitted with the claim by the rendering provider (e.g., supporting medical records and the reason the service was not prior authorized) when considering payment of the claim.
7. Retrospective requests (requests received after the date of service) are not allowed for Peach State Health Plan and will be managed via the PSHP claims appeals process.

The following services will not be impacted:

- Inpatient OB Ultrasound services
- Observation setting OB Ultrasound services
- Emergency Room OB Ultrasound services

Prior Authorization Process

There are two ways to obtain authorizations:

1. NIA's Web site at www.RadMD.com
2. Calling 800-704-1483 from 8 AM to 8 PM ET Monday through Friday

Information Needed to Obtain Prior Authorization

Name and office phone number of ordering physician*

Member name and ID number*

- Requested examination* (76805, 76811, 76815, 76816, 76817, 76818, 76819, 76820, 76821)
- Name of provider office or facility where the service will be performed*
- Anticipated date of service (if known)
- Details justifying examination.*
 - Medical condition affecting pregnancy and duration
 - Physical exam findings
 - Results from previous ultrasounds when preliminary procedures have already been completed. Reason the study is being requested (e.g., further evaluation, rule out a disorder)
 - Estimated delivery date

Please be prepared to fax the following information, if requested:

- Clinical notes
- Specialist reports/evaluation
- Ultrasound reports

*Information is required



Web Site Access

- It is the responsibility of the **physician ordering the imaging examination** to access NIA's Web site or call for prior authorization. Patient symptoms, past clinical history, and prior treatment information will be required and should be available at the time of the contact.
- Requests can be made on the NIA Web site at www.RadMD.com. To begin, you will need to obtain your own unique user name and password for each individual user in your office. Simply go to www.RadMD.com, click on the New User button and complete the application form.
- The NIA authorization number consists of eight (8) or nine (9) alpha/numeric characters (e.g. 1234X567).
- If requesting authorizations through NIA's Web site and your request is pended, you will receive a tracking number and NIA will contact you to complete the process. An NIA tracking number is not the same as an authorization number.
- You can use either an authorization number or a tracking number to track the status of the request on the RadMD Web site or via our Interactive Voice Response telephone system.

Access Provider Self-service at:
www.RadMD.com

The NIA Web site cannot be used for retrospective or expedited authorization requests. Retrospective requests are not allowed and will be managed by the health plan's claims appeal process. Expedited requests must be processed by calling 800-704-1483.

Telephone Access

You may obtain a prior authorization by calling 800-704-1483.

- NIA can accept multiple requests during one phone call.

Important Notes

- For prior authorization complaints/appeals, please follow the instructions on your denial letter.
- NIA's Clinical Guidelines can be found on NIA's Web site, www.RadMD.com under Online Tools/Clinical Guidelines. NIA's guidelines have been developed from practice experience, literature reviews, specialty criteria sets and empirical data.
- An authorization number is not a guarantee of payment. Whether the requested service is covered is subject to all of the terms and conditions of the member's benefit plan, including but not limited to, member eligibility, benefit coverage at the time the services are provided and any pre-existing condition exclusions referenced in the member's benefit plan.
- Claims must include the correct ICD9 code and be consistent with the modality/CPT code and number of services authorized.