



**Peach State Health Plan  
OB Ultrasound Management Program  
Frequently Asked Questions (FAQs)**

**GENERAL**

- 1. Why has Peach State Health Plan implemented an outpatient OB Ultrasound (US) management program?**

To improve quality and manage the utilization of non-emergent OB Ultrasound procedures for our members.

- 2. Why did Peach State Health Plan select National Imaging Associates, Inc. (NIA) to manage its outpatient OB Ultrasound services?**

An affiliate of Magellan Health Services, NIA was selected to partner with us because of its clinically driven program designed to effectively manage the quality and ensure appropriate utilization of resources for Peach State Health Plan membership.

**IMPLEMENTATION**

- 3. What is the implementation date for this outpatient imaging program?**

Implementation is December 1, 2010 for outpatient OB Ultrasound procedures. OB ultrasounds (after the first 1-2) will require prior authorization effective 12/1/10.

**SERVICES REQUIRING PRIOR AUTHORIZATION**

- 4. What OB US services will require prior authorization?**

- The first one (1) to two (2) OB ultrasounds do not require prior authorization or registration when standard CPT codes are used
  - Providers can bill one CPT code from any two of the following three groups:
    - 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 allowed and does not count against the first one (1) to two (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 prior authorized will not be paid.

### **PRIOR AUTHORIZATION-RELATED**

#### **5. When is prior authorization required?**

Prior authorization is required for outpatient, non-emergent OB Ultrasound procedures after the initial 1-2 procedures as described above. Ordering providers must obtain authorization of these procedures prior to the service being performed.

Note: Emergency room, observation and inpatient OB Ultrasound procedures do not require prior authorization through NIA.

#### **6. How does the Obstetric Ultrasound Management Program work?**

The Obstetric Ultrasound Management Program is designed to clinically manage ultrasound usage so that these services are medically appropriate and efficiently used.

- Physicians are required to request prior authorization of OB Ultrasounds (after the first one - two).
- The first one (1) to two (2) OB ultrasounds do not require prior authorization or registration when standard CPT codes are used
  - Providers can bill one CPT code from any two of the following three groups
    - 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 allowed and does not count against the first one (1) to two (2).
  - The needs of most pregnancies will be met with these first two ultrasounds.
  - Claims submitted that are outside of these CPT codes will not be paid.

- Whenever the ordering provider believes that more than the initial one – two ultrasounds are needed, additional information will be collected and reviewed, using NIA’s clinical guidelines. It may be necessary to speak with an Initial Clinical Reviewer – ICR (such as a nurse) and/or a Physician Clinical Reviewer – PCR (a Maternal Fetal Medicine (MFM) specialist) if additional information is needed.
- When a pregnancy has specific serious complications that meet our criteria, multiple ultrasounds may be authorized with one request.
- Prior authorization for biophysical profiles (76818 or 76819) is required and these requests will be clinically reviewed.
- Claims for OB Ultrasounds will be payable when the number of ultrasound claims submitted is consistent with the number authorized.

**7. Which CPT Codes should be billed in conjunction with the Obstetric Ultrasound Management Program?**

- The first one (1) to two (2) OB ultrasounds do not require prior authorization or registration when standard CPT codes are used
  - Providers can bill one CPT code from any two of the following three groups
    - 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 allowed and does not count against the first one (1) to two (2).
  - Claims submitted that are outside of these CPT codes will not be paid.
- All other procedures included in the program must be prior authorized.
  - 76805, 76811, 76815, 76816, 76817, 76818, 76819, 76820, 76821.
  - Requests for biophysical profiles are clinically reviewed.
  - Please refer to the current Peach State Health Plan/NIA Billable CPT® Codes Claim Resolution Matrix which contains all the CPT codes that NIA manages on behalf of Peach State Health Plan.
  - **Providers should submit claims with the CPT code that was approved.**

**Important Note: Only Ultrasounds done for confirmed pregnancies will be covered. A pregnancy test should occur first to confirm the pregnancy. Ultrasounds used to confirm a pregnancy will not be approved.**

**8. Are inpatient OB US procedures included in this program?**

No. Inpatient OBUS procedures are not included in this program.

**9. Is prior authorization required for OB US studies performed in the emergency room?**

No. OBUS studies performed in the emergency room are not included in this program and do not require prior authorization through NIA.

**10. How does the ordering provider obtain prior authorization from NIA for an OB Ultrasound service?**

Providers will be able to request prior authorization via the Internet ([www.RadMD.com](http://www.RadMD.com)) or by calling 800-704-1483 between 8 AM – 8 PM EST Monday through Friday.

**11. What information will NIA require in order to receive 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

**12. What kind of response time can ordering providers expect for prior authorization?**

The best way to increase the possibility of having a request authorized *on line* through [www.RadMD.com](http://www.RadMD.com) or at the time of the first call through the toll free number is to have knowledge of the case including:

- The patient' history and diagnosis
- Reason for the study

- Findings on physical examination
- Results of previous ultrasound studies and history of medical conditions impacting the pregnancy

Many requests will be authorized on line or during the initial phone call. For those that cannot be authorized at intake, the determination is usually made within 2 business days after receipt of request when sufficient clinical information has been provided. In certain cases, the review process can take longer if additional clinical information is required to make a determination.

**13. What will the NIA authorization number look like?**

The NIA authorization number will consist of 8 or 9 alpha-numeric characters. In some cases, the ordering provider may instead receive an NIA tracking number (not the same as an authorization number) if the provider's prior authorization request is not approved at the time of initial contact. Providers will be able to use either number to track the status of their request online or through an Interactive Voice Response (IVR) telephone system.

**14. If requesting prior authorization through NIA's Web site and the request pends, what happens next?**

You will receive a tracking number and NIA will contact you to complete the process.

**15. Can RadMD be used to request an expedited prior authorization request?**

No, those requests will need to be called into NIA's Call Center for processing.

**16. Can a physician obtain prior authorization in the event of an urgent test?**

If an urgent clinical situation exists outside of a hospital emergency room, the provider should proceed with the study and contact NIA within the same business day. NIA will direct the provider on the appropriate process to follow.

- For urgent situations in an office setting, physicians should act in the best interest of the patient.
- 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.
- 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.

**17. How long is the authorization number valid?**

The authorization number is valid for 30 days from the date of the request. When a procedure is authorized, NIA will use the date of the request as the starting point for the 30-day period in which the examination must be completed. For some pregnancies with specific medical conditions, authorizations for multiple procedures may be valid up to delivery.

**18. Is prior authorization necessary for an OB Ultrasound if Peach State Health Plan is NOT the member's primary insurance?**

Peach State Health Plan's prior authorization requirements apply when Peach State Health Plan is the either the primary or secondary insurer.

**19. If a provider obtains an authorization number does that guarantee payment?**

An authorization number is not a guarantee of payment. Authorizations are based on medical necessity and are contingent upon eligibility and benefits. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

**20. Does NIA allow retro-authorizations?**

It is important that OB Ultrasound providers obtain prior authorization to promote efficient claims payment.

- For urgent situations in an office setting, physicians should act in the best interest of the patient.
- 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.
- 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. Retrospective review of completed procedures are evaluated for medical necessity and to determine whether there was an urgent or emergent situation that prohibited the provider from obtaining prior authorization for the service and to determine whether medical necessity guidelines were met.

**21. Can a provider obtain an authorization prior to the December 1, 2010 implementation date?**

Providers should continue to follow their current process for obtaining authorization prior to the 12/1/10 implementation. Providers may begin to request prior authorization for OB Ultrasounds via the Internet ([www.RadMD.com](http://www.RadMD.com)) or by calling 800-704-1483 between 8 AM – 8 PM EST on December 1, 2010.

**22. What happens if I have a service scheduled for December 1, 2010?**

Prior authorization should be obtained for OB US as described above for dates of service December 1, 2010 and beyond. **A request can be submitted the same business day if needed.** 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.

**23. Can a provider verify an authorization online?**

Yes. Providers can check the status of an authorization quickly and easily by going to the NIA Web site at [www.RadMD.com](http://www.RadMD.com).

**24. Will the NIA authorization number be displayed on the Peach State Health Plan Web site?**

No.

**25. Does NIA accept faxed prior authorization requests?**

No. NIA can accommodate prior authorization requests only via Internet at [www.RadMD.com](http://www.RadMD.com) or telephone at 800-704-1483.

**WHICH MEDICAL PROVIDERS ARE AFFECTED?**

**26. Which medical providers are affected by the outpatient OB US management program?**

Any provider who orders or performs OB Ultrasound procedures in an outpatient/office-setting. Ordering providers will need to request prior authorization and the delivering/servicing providers will need to be sure there is a valid authorization number in order to bill the service.

- Ordering providers, including, Obstetricians, Primary Care Providers (PCPs) and Specialty Care providers
- Delivering/Servicing providers who perform OB Ultrasound procedures at:
  - Provider Offices
  - Freestanding diagnostic facilities
  - Hospital outpatient diagnostic facilities

**CLAIMS RELATED**

**27. Where do providers send their claims for outpatient OB US studies?**

Providers should continue to send claims to the address indicated on the back of the Peach State Health Plan member ID card. Providers are also encouraged to follow their normal EDI claims process.

**28. How can providers check claims status?**

Providers should continue to check claims status at the Peach State Health Plan Web site at [www.pshpgeorgia.com](http://www.pshpgeorgia.com).

**29. Who should a provider contact if they want to appeal a prior authorization or claims payment denial?**

Providers are asked to please follow the appeal instructions given on their non-authorization letter or Explanation of Payment (EOP) notification.

**MISCELLANEOUS**

**30. How is medical necessity defined?**

NIA defines medical necessity as services that:

- Meets generally accepted standards of medical practice; be appropriate for the symptoms, consistent with diagnosis, and otherwise in accordance with sufficient evidence and professionally recognized standards;
- Be appropriate to the illness or injury for which it is performed as to type of service and expected outcome;
- Be appropriate to the intensity of service and level of setting;
- Provide unique, essential, and appropriate information when used for diagnostic purposes;
- Be the lowest cost alternative that effectively addresses and treats the medical problem; and rendered for the treatment or diagnosis of an injury or illness; and
- Not furnished primarily for the convenience of the member, the attending physician, or other provider.

**31. How will referring/ordering providers know who NIA is?**

NIA has conducted extensive provider outreach in the Georgia market and most providers are currently familiar with their processes. In addition, Peach State Health Plan mailed notification letters to providers on October 1, 2010. Peach State Health Plan and NIA will also be conducting education trainings for providers.

**32. Will provider trainings be offered closer to the December 1, 2010 implementation date?**

Yes. NIA will conduct provider training sessions throughout the months of October and November.

**33. Where can a provider find NIA's Guidelines for Clinical Use of OB ultrasounds?**

NIA's OB US Guidelines for clinical use of examination will be found on NIA's Web site at [www.RadMD.com](http://www.RadMD.com) after November 1, 2010. They are presented in a PDF file format that can easily be printed for future reference. NIA's clinical guidelines have been developed from practice experiences, literature reviews, specialty criteria sets and empirical data.

**34. What is the foundation for OB Management approval criteria?**

The program is based on practice bulletins provided by the American College of Obstetricians and Gynecologists (ACOG) as well as clinical literature. Many of these are referenced in our clinical guidelines.

**35. What will the Member ID card look like? Will the ID card have both NIA and Peach State Health Plan information on it? Or will there be two cards?**

The Peach State Health Plan Member ID card will not change and will not contain any NIA identifying information on it.

**36. What is an OCR Fax Coversheet?**

By utilizing Optical Character Recognition technology, NIA can automatically attach incoming clinical faxes to the appropriate case in our clinical system. We strongly recommend that ordering providers print an OCR fax coversheet from [www.RadMD.com](http://www.RadMD.com) if their authorization request is not approved on-line or during the initial phone call to NIA. NIA can fax this coversheet to the ordering provider during authorization intake or at anytime during the review process. By prefacing clinical faxes to NIA with an OCR fax coversheet, the ordering provider can ensure a timely and efficient case review.

**37. Will providers need to be privileged by NIA in order to conduct OB Ultrasound studies?**

No, NIA is not conducting privileging on behalf of Peach State Health Plan.

**CONTACT INFORMATION**

**38. Who can a provider contact for more information?**

Providers can contact Tony Salvati, Manager-Provider Relations @ 314-387-5537 or NIA Network Services @ 800-327-0641.