



## **Frequently Asked Questions**

### ***Cardiac Studies for HealthAmerica Members***

#### **Why do some cardiac-related studies now require prior authorization?**

Prior authorization is required to minimize radiation exposure and promote non-invasive testing when appropriate. Cardiac studies such as nuclear cardiology, Cardiac CT angiography (CCTA) and stress echocardiography are part of the program, and prior authorization will soon be required for cardiac catheterization.

#### **When did the program begin?**

The HealthAmerica program began December 1, 2009. Management of cardiac catheterizations will be added February 1, 2012.

#### **How does the program work?**

HealthAmerica's cardiac-imaging management program assesses imaging technologies used to diagnose and monitor patients with cardiac related diagnoses in non-emergent cases. The program takes a comprehensive approach to determine if a requested test or procedure is the proper next step in treating cardiac related diagnoses, or if another test is more appropriate.

#### **What imaging procedures are included in the HealthAmerica prior authorization program?**

The program includes:

- Nuclear cardiology/MPI
- Cardiac CT angiography (CCTA)
- Stress echocardiography
- PET
- CT
- MRI/MRA

#### **What procedure is being added to the HealthAmerica prior authorization program on 2/1/2012?**

- Cardiac Catheterization (CPT codes 93452 through 93461)

#### **What components are provided in the HealthAmerica prior authorization program?**

- Coverage of CCTA as a diagnostic tool for coronary artery disease
- Evidence-based algorithms to help identify the best diagnostic options for each patient
- Physician consultations with cardiologists for elective cardiac diagnostic imaging (echo stress, nuclear cardiology/MPI and CCTA)
- Access to a network of imaging providers who meet the highest technical and professional standards

### **What do ordering providers need to do?**

Ordering providers need to continue to obtain prior authorization for:

- Nuclear cardiology/MPI
- Cardiac CT angiography (CCTA)
- Stress echocardiography
- PET
- CT
- MRI/MRA

As of February 1, 2012, ordering providers need to obtain pre-authorization for:

- Cardiac Catheterization (CPT codes 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461)

Pre-authorization of these procedures will require the ordering provider to submit specific validating information from the patient's chart. Failure to provide the requested information or to verify that affected services have been authorized will result in non-payment of your claim.

**In order to complete an authorization request, the patient's date of service is mandatory. If the date of service changes, you can update with NIA within the same authorization request.**

### **Who will administer clinical oversight of the cardiac program?**

The program is designed by physicians for physicians. Board-certified cardiologists work with community-based physicians to develop evidence-based clinical algorithms that determine the best available diagnostic pathway (including stress echocardiography, nuclear stress/MPI, CCTA, and effective 2/1/2012, cardiac catheterization). These board-certified cardiologists also consult with referring physicians to apply these algorithms to a patient's specific symptoms and medical history. By determining the most appropriate clinical imaging protocol for each patient, we can reduce duplicative testing, minimize patient radiation exposure, avoid indication drift, shorten diagnosis time, and improve the overall health care experience.

### **Is there anything I should be doing before the program begins?**

If you haven't done so already, please take a few minutes to **register on [www.RadMD.com](http://www.RadMD.com)**. This portal gives you the most expedient way to process your imaging requests.

### **What happens if I need to have an inpatient or emergent cardiac procedure performed?**

HealthAmerica will continue to manage inpatient and emergency cardiac catheterization procedures through our concurrent review program as we do today.

### **How long is the preauthorization number valid?**

A preauthorization number will be valid for two weeks prior and two weeks post date of service. (*Calendar Days*).