Radiology UM Program Will Expand Effective December 1, 2016

Dear <Insert Name>,

We continually review our programs to determine if changes are necessary to keep costs affordable and ensure quality of care for our members. Based on a recent review, we decided that changes to our utilization management program related to advanced imaging and cardiac procedures are necessary.

Effective December 1, 2016, we will add stress echocardiography services performed in an outpatient, non-emergent setting to the following list of procedures that currently require prior authorization:

- CT/CTA
- MRI/MRA
- PET Scan
- CCTA
- Myocardial Perfusion Imaging (MPI)
- Muga Scan
- Spinal epidural injections
- Paravertebral facet joint injections or blocks
- Paravertebral facet joint denervation (radio frequency (RF) neurolysis)
- Cervical posterior decompression with fusion – single and multiple levels
- Cervical posterior decompression (without fusion)
- Cervical artificial disc replacement
- Cervical anterior decompression (without fusion)
- Lumbar microdiscectomy, Lumbar decompression (laminotomy, laminectomy, facetectomy and foraminotomy)
- Lumbar spine fusion (arthrodesis) with or without decompression – single and multiple levels
- Cervical anterior decompression with fusion – single and multiple levels
- Stress echocardiography

This change applies to members enrolled in:
- BlueCare® HMO (Health Options, Inc.)
Program components
We added cardiac procedures to our program to minimize radiation exposure by encouraging use of the most efficient and least invasive testing options available.

- Evidence-based clinical guidelines and proprietary algorithms will support clinically appropriate diagnostic options for each patient.
- Consultations will be conducted with cardiologists related to these procedures when peer-to-peer review is required.

Request and review of clinical information
- Magellan Healthcare manages the program on our behalf. They may request patients’ medical records and/or additional clinical information.
- Validation of clinical criteria in patients’ medical records is required when requested before an approval can be made.
- A clinical review ensures that clinical criteria supporting the requested procedures are clearly documented in medical records.
- Clinical reviews ensure that patients receive appropriate, effective care.

How to request prior authorization
On or after December 1, 2016, you must obtain a prior authorization from Magellan Healthcare for the advanced imaging and cardiac procedures listed above. If you do not obtain an authorization, your claim may deny, and you cannot balance bill the member.

- The ordering physician or cardiologist is responsible for obtaining authorization prior to performing a procedure. To obtain an authorization, go to the Magellan Healthcare website at www.RadMD.com, or call their toll-free number: (866) 326-6302.
- Providers should verify that an authorization was obtained by visiting www.RadMD.com, or by calling Magellan Healthcare at (866)326-6302. If you do not verify that an authorization is on file, your claim may not be paid.
- Emergency room, observation, and inpatient cardiac imaging procedures do not require authorization.

We look forward to working with you to improve the quality of care for your patients. If you have questions, please call the Provider Contact Center at (800) 727-2227.

Sincerely,

Kirk Fischer
Vice President, Delivery System