



Cardiac Imaging Frequently Asked Questions

Cardiac Studies for CareSource PASSE

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

Prior authorization is required to minimize radiation exposure and promote the most appropriate test for the continuum of care.

When does the program begin?

The CareSource PASSE cardiac prior authorization program begins January 1, 2022. Effective January 1, 2022, following a 90-day waiver on Prior Authorization requirements, providers should begin contacting National Imaging Associates, Inc. (NIA) on March 22, 2022 to seek prior authorization for procedures scheduled on or after April 1, 2022.

How does the program work?

The cardiac imaging management program assesses imaging technologies used to diagnose and monitor members with cardiac-related conditions in non-emergent cases. The program takes a comprehensive approach to determine if a recommended test is the proper next step in diagnosing cardiac-related conditions or if another test is more appropriate.

What cardiac-related imaging procedures are included in the CareSource PASSE cardiac program?

Prior authorization through NIA will be required for the following cardiac modalities:

- CCTA
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan
- Stress Echocardiography
- Echocardiography

What additional services are provided?

- Evidence-based algorithms to support the best diagnostic options for each member
- Consultations with board-certified internists with specialized cardiac training and board-certified cardiologists related to elective cardiac diagnostic imaging when peer-to-peer review is required

What do ordering providers need to do?

Ordering providers need to get prior authorization for non-emergent, outpatient:

- Magnetic Resonance Imaging (MRI)/Magnetic Resonance Angiography (MRA)
- Computed Tomography (CT)/Computed Tomography Angiography (CTA)

- Positron Emission Tomography (PET)
- CCTA
- Myocardial Perfusion Imaging (MPI)
- MUGA Scan
- Stress Echocardiography
- Echocardiography (transthoracic and transesophageal echocardiography)

How does this program impact claims?

Specific CPT codes related to the included procedures require prior authorization. Please refer to the NIA/CareSource PASSE Utilization Review Matrix, available on www.RadMD.com to determine if a specific procedure code requires prior authorization.

Please be aware that although add-on codes are sometimes included in a procedure code group that does not mean that an add-on code is automatically payable. See the foot note on the Utilization Review Matrix that states: “Payment for add-on codes may depend upon the appropriateness of the application of such codes related to the approved primary code.” For example, if a Doppler add-on code is billed along with an approved Stress Echocardiography code, the claim should include a diagnosis code for one of the medical conditions that supports the need for the Doppler add-on. See the presentation [“Cardiac Claim Edit – Explanation for Providers”](#) for approvable medical conditions.

Who will administer clinical oversight of the cardiac program?

Board-certified cardiologists developed evidence-based clinical guidelines and algorithms that determine the best available diagnostic pathway. These physicians consult with referring physicians to apply these guidelines and algorithms to a member’s specific symptoms and medical history. By determining the most appropriate clinical imaging protocol for each member, we can reduce duplicative testing, minimize member radiation exposure, 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. 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?
CareSource PASSE will continue to manage inpatient and emergency cardiac procedures as is done today.

KEY PROVISIONS

- Emergency room and inpatient imaging procedures do not require prior authorization.