

PROVIDER BULLETIN

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RADIOLOGY BULLETIN

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RADIOLOGY BENEFIT MANAGEMENT PROGRAM (RBM)

As stated in the blast emails dated June 16, 2010 and July 8, 2010, effective for dates of services on and after July 19, 2010, the MO HealthNet Division, in conjunction with Affiliated Computer Services (ACS) and MedSolutions (MSI), implemented a new quality-based Radiology Benefit Management Program (RBM). The RBM is an expansion of the existing precertification process previously used for MRIs and CTs of the brain, head, chest and spine. As of July 19, 2010, certain radiologic procedures require precertification and are processed using clinical guidelines that are available at http://www.medsolutions.com/our_difference/index.html. The guidelines are not intended to supersede or replace sound medical judgment, but instead should facilitate the identification of the most appropriate imaging procedure based upon the participant's clinical condition.

The RBM program is for the following outpatient, diagnostic, non-emergency procedures.

- High-Tech (MRI, MRA, CT, CTA, and PET scans)
- Cardiac Imaging (including Nuclear Cardiac (SPECT), EBCT/Calcium Scoring, Transthoracic ECHO, Cardiac PET and PET/CT, Transesophageal ECHO, Diagnostic heart catheterization, and Stress ECHO)
- Ultrasound (OB and non-OB Ultrasound scans)

2011 CODING CHANGES

Effective for dates of service January 1, 2011 and after, the following codes have been either, added, deleted and/or replaced with new codes for 2011. Guidelines regarding the coding changes are available at http://www.medsolutions.com/our_difference/index.html.

Adds

The following codes are added for 2011 and will require precertification through the RBM program. See the 2011 Current Procedural Terminology (CPT) book for code definitions.

74176	74177	74178	76881	76882	93451
93452	93453	93454	93455	93456	93457
93458	93459	93460	93461	93462	

Deletes

The following codes have been deleted from the 2011 CPT book and are no longer valid for dates of service after December 31, 2010.

76880	93501	93508	93510	93511	93514
93524	93526	93527	93528	93529	

EXEMPTIONS TO PRECERTIFICATION REQUIREMENT

Services provided to dual eligible Medicare Part B/ MO HealthNet participants are exempt from the precertification requirement. However, participants with Medicare Part C coverage and do **not** have QMB benefits are required to obtain a precertification. Services provided on an emergent basis, during an inpatient stay, or during an outpatient observation stay are exempt from the precertification requirement. Services provided at an **Independent** Rural Health Clinic are exempt from the precertification requirement due to the nature in which they submit their charges to MO HealthNet. More information regarding the RBM program can be found at www.medsolutions.com/implementation .

ACCURACY ASSESSMENTS

Accuracy Assessments must be completed for each site that intends to perform High-Tech and/or Cardiac imaging and/or ultrasounds for MO HealthNet participants. If an assessment has not been completed for the rendering provider, the provider will not be found in the CyberAccess precertification web tool. To complete an Accuracy Assessment, providers must contact MedSolutions via email at accuracymgmt@medsolutions.com or by phone at (800) 457-2759.

ORDERING PROVIDERS

Providers who may order any of the above mentioned procedures will need to contact MedSolutions at (800) 392-8030, option 5 or go through the CyberAccess web tool to request a precertification for the above listed procedures. Precertifications are approved on an individual patient basis, for specific CPT code(s), and to a performing radiology provider who has successfully passed accuracy assessment by MedSolutions. When choosing a performing provider in the precertification web tool, make sure the NPI and Type of Provider ("Taxonomy Codes") match the facility location where the scan is to be performed. When searching for the ordering provider, search only by the NPI number. Please do not worry if the address of the ordering provider is not where the patient was seen by the ordering

provider. Simply choose any address for the ordering provider. MedSolutions is in the process of masking the ordering provider addresses so you will simply choose any of them.

SEARCHING FOR A PROVIDER

When submitting the precertification request via CyberAccess, providers have the ability to search for the facility they wish to perform the scan. Searching by the facility's NPI is the most efficient way to locate a facility approved to perform the test. When searching by the NPI, use no other search field. If you don't know a facility's NPI, you can contact that facility to obtain it or search the NPI registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>.

RETROACTIVE ELIGIBILITY

RBM radiology procedures performed on patients whom, after the procedure has been performed, obtain retroactive MO HealthNet coverage, still require certification. Providers **must call** MedSolutions at (800) 392-8030, option 5 to obtain the certification for the procedure performed. Be sure to inform the agent at MedSolutions that your retro request is due to retroactive eligibility.

PRINTING AUTHORIZATION CASES

As stated in the email blast dated November 3, 2010, "MSI is no longer faxing MO HealthNet approvals or denials to referring physicians and performing facilities. Instead, providers are directed to CyberAccess to obtain information about each case." The case includes Patient Information, Performing Provider Information, Referring Physician Information and Clinical Information. If you wish to print a copy of the case for your records you must access the Patient Demographic in the CyberAccess web tool at www.cyberaccessonline.net/cyberaccess. Click on the Imaging Pre-Cert link at the top right of the Demographic screen. This will take you to the participant's history. Highlight and Copy the case number you wish to print. In the Search/Request drop down box, select Case/Auth Lookup. Choose the radio button for Case Number and paste the case number in the field. Click Search and the case will appear. At the bottom of the page, click on View Printer-Friendly Version. Once the case is displayed again, click the Print button at the bottom of the screen. If you do not have access to CyberAccess you may contact the CyberAccess HelpDesk at 888-581-9797 or cyberaccesshelpdesk@acs-inc.com.

MULTIPLE STUDY REQUESTS

When making a request for multiple CPT codes via the web, please note that there are different "modalities" (cardiac, hi-tech, obstetrical ultrasound and ultrasound) from which to choose. Selection of a procedure limits you to only those CPT codes within that modality. Therefore, if you are requesting more than one study, you may need to initiate separate requests for separate procedures. For example, if you are requesting a stress echo and a CT scan, they would need to be done on two separate requests.

OB ULTRASOUND BATCHING TOOL

For certain patients with high risk conditions or chronic medical conditions that complicate pregnancy, MedSolutions will allow provider offices on a monthly basis to obtain a “series” or “batch” of authorizations for ultrasound studies, biophysical profile studies, and Doppler studies that may be indicated on a regular, recurring basis during those pregnancies. Batched authorizations would need to be **done by phone** at (800) 392-8030, option 5. For detailed information about studies included in the OB US batching and their frequency, see the MedSolutions OB US Batching Tool located at http://www.medsolutions.com/implementation/mo_health/index.html.

DENIALS

MedSolutions notifies the referring physician and requested facility in writing of a denial and provides a rationale for the determination within one working day of decision. This communication sets forth the appeal options per current MO HealthNet policy. MedSolutions also offers the ordering physician a consultation with a MedSolutions Medical Director on a peer-to-peer basis. In certain instances, additional information provided during the peer-to-peer consultation is sufficient to satisfy medical necessity criteria. To request a peer-to-peer consultation, the physician must call (800) 392-8030, option 5.

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896