

Provider Fact Sheet on Medica's High-Tech Imaging Program

2/28/07

Overview

Effective January 1, 2007, Medica implemented a High-Tech Imaging Program for certain outpatient radiology services, in partnership with HealthHelp, a national radiology company.

The ordering physician's office must contact HealthHelp to request a consultation prior to performing a high-tech imaging service. Based on imaging-related information from the physician's office, HealthHelp will then make consultative recommendation based on American College of Radiology (ACR) clinical guidelines. *The process is consultative only; final decision on patient care rests with the ordering physician.*

This review consists of potentially three levels of review. Level I is a review with a client services representative. If the case does not meet HealthHelp's Procedural Assessment Criteria (PAC) at this level the case is sent to Level II, a clinical nurse review. If case does not meet the PAC at Level II, the case is referred to Level III, a physician-to-HealthHelp radiologist review.

Prior authorization will continue for radiology services on Medica's Prior Authorization List. Existing coverage policies and member-specific benefit coverage will also continue to apply.

Consultation, as explained below, does not guarantee coverage. Coverage is based on the terms and conditions of a member's benefit contract and payment will be made when the claim is received. Specific member benefits should continue to be obtained from Medica (eg. copay, coinsurance and deductible information).

Place of Service

This program only applies to outpatient services performed in:

- Physician Offices (11)
- Freestanding Radiology Centers (24)
- Outpatient Hospital Setting (22)
- Mobile Imaging Units (15)

Note: services ordered from Emergency Room or Urgent Care setting and performed in one of these settings do not need to complete the consultation process if performed on the same day as the Emergency room or urgent care visit.

Applicable Services

This program applies to the following outpatient services:

- Positron Emission Tomography (PET)
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)

A complete list of applicable CPT codes is available on www.medica.com, in the "Provider Resources" section, under "Tools and Forms," then "Claims Tools and Forms," in the "High-Tech Imaging" subsection (click here: <http://provider.medica.com/C13/ClaimsToolsForms/default.aspx>).

Exceptions

Imaging services performed in conjunction with emergency room services, inpatient hospitalization, or urgent care centers are excluded from the high-tech imaging consultation requirement. Other exclusions are:

- when Medica is the secondary payer
- SelectCareSM and LaborCare[®] enrollees
- all Medica Medicare products
- Patient Choice administered by Fiverse and/or CBSA
- Minnesota Comprehensive Health Association (MCHA) – Medicare members only

Note: A list of Medica products and corresponding employer group numbers and approved alternative programs is posted online as a reference for providers to understand when a high-tech imaging consultation is *not* required (click here: <http://provider.medica.com/C13/ClaimsToolsForms/default.aspx>). Otherwise, HealthHelp will be able to confirm whether or not a consultation is required for a Medica member prior to a high-tech imaging study being performed.

Making Consultation Requests

Consultation requests can be made to HealthHelp via phone, fax or Medica's secure Web portal:

- Phone: 1-800-954-3040
- Fax: 1-800-652-4941
- Internet: On www.medica.com in the "Provider Resources" section, under "Electronic Transactions," then "Prior Authorization, Notification and High-Tech Imaging Request" (click here: <https://www.medica.com/C16/CommonRegLogin/default.aspx?ReturnUrl=https%3a%2f%2fprovider.medica.com%2fC6%2fElectronicTransactions%2fdefault.aspx&Lmsg=>)
- HealthHelp is open M-F 7:00 AM – 7:00 PM (CST) and Saturday 7:00 AM – 4:00 PM (CST).

Required Information

When making the consultation request to HealthHelp, providers should have available the following information pertinent to the test being requested:

- Patient's chart
- Contact name and number of person calling
- Member name
- Member ID number, including group number
- Member date of birth
- Ordering physician name, telephone & fax number
- Reason for imaging procedure and/or ICD-9 CM diagnosis code
- High-Tech imaging service ordered (CPT code)
- Patient symptoms and duration
- Prior imaging studies
- Laboratory studies completed
- Patient medications and duration of use
- Name and fax number of imaging facility where test will be performed

Claims Impact

When the consultation is completed, the ordering provider is given a reference number. The ordering provider receives a fax confirmation. If the fax number for the performing provider is provided, a fax confirmation will be sent to the performing facility as well. Performing providers should verify that a reference number has been issued by contacting HealthHelp or the ordering provider.

As of March 1, 2007, if a consultation is not obtained prior to ordering high-tech imaging services, the global or technical only claim submitted by the performing provider will be denied as provider liability with reason code 006 or ANSI remark code CO62. For member claims processed on the new business platform, claims will be denied with code I6 or I7 for physician claims or code I8 or I9 for facility claims. Members can still be billed for their copayments, coinsurance and deductible.

Additional Information

- See further resources online at www.medica.com, in the "Provider Resources" section, under "Tools and Forms," then "Claims Tools and Forms," in the "High-Tech Imaging" subsection (click here: <http://provider.medica.com/C13/ClaimsToolsForms/default.aspx>)
- Refer to Provider Administrative Manual Chapters 5, 11 and 12, located at www.medica.com in the Provider Resources section under Administrative Manuals (click here: <http://provider.medica.com/C6/ProviderManualAdmin/default.aspx>).
- Contact HealthHelp at 1-800-954-3040.