

Diagnostic Imaging Management Program
Effective September 1, 2010

The Department of Vermont Health Access (DVHA) is partnering with MedSolutions to provide prior authorization review of select high-tech outpatient elective diagnostic imaging procedures.

I. High-tech Radiology Authorizations

- a. In order to ensure high quality, clinically appropriate and cost-effective care, select high-tech outpatient elective diagnostic imaging procedures require prior authorization (PA).
- b. The CPT codes covered by this program are listed in Section VII of this document. The complete fee schedule is posted at dvha.vermont.gov/providers/claims-processing-1.
- c. Prior authorization is not required for any imaging procedure performed during an inpatient or observation stay or testing done in an emergency department.
- d. MedSolutions will provide one opportunity for reconsideration of a denied request if additional information is presented by the requesting provider. Appeals and Grievances will be handled in accordance with our Grievance and Appeals procedures. Our Grievance and Appeals process is described in member handbooks. This process is initiated by the member, although providers may choose to assist and support the member during the process. Members can initiate a Grievance or Appeal by contacting our Member Services Unit at (800) 250-8427 or (802) 651-1577.

II. Request Submission Procedure

- a. Providers can submit requests to MedSolutions through their web site <https://www.medsolutionsonline.com> or by fax (888-693-3210). Urgent requests may be made over the telephone by calling 888-693-3211. Decisions for urgent requests will be made, on average, within four business hours of the request. The maximum time for responses to urgent requests will be one business day of the request.
- b. During a medical emergency, providers should treat the patient immediately and request a retroactive approval afterward.

For access to submission forms and other important program details, go to the MedSolutions web site <https://www.medsolutionsonline.com>.

III. Clinical Practice Guidelines

The clinical guidelines used by MedSolutions are based on guidance and research from the American College of Radiology Appropriateness Criteria as well as specialty societies including:

American Academy of Neurology

American College of Cardiology

National Comprehensive Cancer Care network Guidelines

And a national panel of subject matter experts

a. MedSolutions provides access to their clinical criteria through their web site http://www.medsolutions.com/our_difference/guidelines_index.php.

Requests which clearly meet the clinical criteria and do not require a clinician's review can be approved automatically through the website.

b. The Department of Vermont Health Access is committed to maintaining a transparent review system based on documented clinical research. The MedSolutions website allows providers to review the status of their requests and provides additional information about the clinical criteria used to make approval decisions.

c. MedSolutions will provide online and in-person training to providers interested in learning more about diagnostic imaging management. Please call 888-693-3211 for information about training resources.

IV. Utilization Reviewers

a. MedSolutions employees base their decisions on sound clinical evidence. MedSolutions does not reward practitioners, providers or staff for issuing denials of services, and the State of Vermont does not provide financial incentives based on PA denials made by MedSolutions.

b. All requests that are not automatically approved will be reviewed by a nurse or physician. Only physician reviewers may deny a request for PA.

V. Program Evaluation

a. MedSolutions will provide DVHA with monthly reports outlining PA decisions. These reports will be analyzed by DVHA for quality assurance purposes. Aggregate data (stripped of patient/provider identifiers) will be available for public release.

b. The DVHA Managed Care Medical Committee will randomly review decisions made by MedSolutions to ensure that requests are processed in a manner consistent with the clinical criteria.

c. MedSolutions will perform an annual satisfaction survey of health care professionals and meet with the Vermont medical society to discuss the results.

VII. Covered CPT Codes

The following list of CPT codes require prior authorization:

Category	Code	Description
CT	70450	CT Head without contrast
CT	70460	CT Head with contrast
CT	70470	CT Head with & without contrast
CT	70480	CT Orbit, et al without contrast
CT	70481	CT Orbit, et al with contrast
CT	70482	CT Orbit, et al W & W/O
CT	70486	CT Maxillofacial area, (sinus) without contrast
CT	70487	CT Maxillofacial area, (sinus) with contrast
CT	70488	CT Maxillofacial area, (sinus) W & W/O
CT	70490	CT Soft-tissue Neck without contrast
CT	70491	CT Soft-tissue Neck with contrast
CT	70492	CT Soft-tissue Neck with & without contrast W & W/O
CT	71250	CT Chest without contrast
CT	71260	CT Chest with contrast
CT	71270	CT Chest with and without contrast W & W/O
CT	72125	CT Cervical Spine without contrast
CT	72126	CT Cervical Spine with contrast
CT	72127	CT Cervical Spine with and with out contrast W & W/O
CT	72128	CT Thoracic Spine without contrast
CT	72129	CT Thoracic Spine with contrast
CT	72130	CT Thoracic Spine with and without contrast W & W/O
CT	72131	CT Lumbar Spine without contrast
CT	72132	CT Lumbar Spine with contrast
CT	72133	CT Lumbar Spine with and without out contrast W & W/O
CT	74150	CT Abdomen without contrast
CT	74160	CT Abdomen with contrast
CT	74170	CT Abdomen with and without contrast W & W/O
CT	72192	CT Pelvis without contrast
CT	72193	CT Pelvis with contrast
CT	72194	CT Pelvis with and without contrast W & W/O
CT	73200	CT Upper Extremity without contrast
CT	73201	CT Upper Extremity with contrast
CT	73202	CT Upper Extremity with and without contrast W & W/O
CT	73700	CT Lower Extremity without contrast
CT	73701	CT Lower Extremity with contrast
CT	73702	CT Lower Extremity with and without contrast W & W/O
CT	76380	CT Limited or Localized follow-up
CT Angiography (CTA)	70496	CTA HEAD, with contrast, including noncontrast images, if performed, & image post-processing
CT Angiography (CTA)	70498	CTA NECK, with contrast, including noncontrast images, if performed, & image post-processing
CT Angiography (CTA)	71275	CTA CHEST, (non-coronary), with contrast, including noncontrast images, if performed, & image post-processing

CT Angiography (CTA)	72191	CTA PELVIS, with contrast, including noncontrast images, if performed, & image post-processing
CT Angiography (CTA)	73206	CTA Upper Extremity, with contrast, including noncontrast images, if performed, & image postprocessing
CT Angiography (CTA)	73706	CTA Lower Extremity, with contrast, including noncontrast images, if performed, & image postprocessing
CT Angiography (CTA)	74175	CTA ABDOMEN, with contrast, including noncontrast images, if performed, & image postprocessing
CT Angiography (CTA)	75635	CTA ABDOMINAL AORTA and bilateral iliofemoral lower extremity runoff, with contrast, including noncontrast images, if performed, and image post-processing
CT Guidance	77011	CT Guidance for stereotactic localization
CT Colonography (CTC) for Screening	74263	Computed tomographic (CT) colonography, screening, including image postprocessing
Diagnostic CT Colonography (CTC)	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Diagnostic CT Colonography (CTC)	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
Unlisted CT	76497	Unlisted CT procedure (eg, diagnostic, interventional)
Cardiac CT	75571	CT, heart, without contrast with quantitative evaluation of coronary calcium
Cardiac CT	75572	CT, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image post processing, assessment of cardiac function, and evaluation of venous structures, if performed)
Cardiac CT	75573	CT, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image post processing, assessment of cardiac LV function, RV structure and function and evaluation of venous structures, if performed)
CT Coronary Angiography (CTCA)	75574	CT, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
MRI	70540	MRI Orbit, Face and/or Neck without contrast
MRI	70542	MRI Orbit, Face and/or Neck with contrast
MRI	70543	MRI Orbit, Face and/or Neck W & W/O
MRI	70551	MRI Brain (Head) without contrast
MRI	70552	MRI Brain (Head) with contrast
MRI	70553	MRI Brain (Head) with and without contrast W & W/O
MRI	71550	MRI Chest without contrast
MRI	71551	MRI Chest with contrast
MRI	71552	MRI Chest with and without contrast W & W/O
MRI	72141	MRI Cervical Spine without contrast
MRI	72142	MRI Cervical Spine with contrast
MRI	72156	MRI Cervical Spine with and without contrast W & W/O
MRI	72146	MRI Thoracic Spine without contrast
MRI	72147	MRI Thoracic Spine with contrast
MRI	72157	MRI Thoracic Spine with and without contrast W & W/O
MRI	72148	MRI Lumbar Spine without contrast
MRI	72149	MRI Lumbar Spine with contrast

MRI	72158	MRI Lumbar Spine with and without contrast W & W/O
MRI	72195	MRI Pelvis without contrast
MRI	72196	MRI Pelvis with contrast
MRI	72197	MRI Pelvis with and without contrast W & W/O
MRI	73218	MRI Upper Extremity-other than joint-without contrast
MRI	73219	MRI Upper Extremity-other than joint-with contrast
MRI	73220	MRI Upper Extremity-other than joint-W & W/O
MRI	73221	MRI Any Joint of Upper Extremity--without contrast
MRI	73222	MRI Any Joint of Upper Extremity--with contrast
MRI	73223	MRI Any Joint of Upper Extremity—W & W/O
MRI	73718	MRI Lower Extremity-other than joint-without contrast
MRI	73719	MRI Lower Extremity-other than joint-with contrast
MRI	73720	MRI Lower Extremity-other than joint- W & W/O
MRI	73721	MRI Any Joint of Lower Extremity--without contrast
MRI	73722	MRI Any Joint of Lower Extremity--with contrast
MRI	73723	MRI Any Joint of Lower Extremity—W & W/O
MRI	74181	MRI Abdomen without contrast
MRI	74182	MRI Abdomen with contrast
MRI	74183	MRI Abdomen with and without contrast W & W/O
MRI TMJ	70336	MRI Temporomandibular Joint (s)
MRI Bone Marrow	77084	MRI Bone Marrow blood supply
Breast MRI	77058	MRI BREAST, without and/or with contrast UNILATERAL
Breast MRI	77059	MRI BREAST, without and/or with contrast BILATERAL
Functional MRI (fMRI)	70554	MRI Brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration
Functional MRI (fMRI)	70555	MRI, Brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing
MRA	70544	MR Angiography (MRA) Head without contrast
MRA	70545	MR Angiography (MRA) Head with contrast
MRA	70546	MR Angiography (MRA) Head with and without contrast W & W/O
MRA	70547	MR Angiography (MRA) Neck without contrast
MRA	70548	MR Angiography (MRA) Neck with contrast
MRA	70549	MR Angiography (MRA) Neck with and without contrast W & W/O
MRA	71555	MR Angiography (MRA) Chest (excluding myocardium)- W or W/O
MRA	72159	MR Angiography (MRA) Spinal Canal and contents -with or w/o contrast
MRA	72198	MR Angiography (MRA) Pelvis -with or without contrast
MRA	73225	MR Angiography (MRA) Upper Extremity -with or without contrast
MRA	73725	MR Angiography (MRA) Lower Extremity-with or without contrast
MRA	74185	MR Angiography (MRA) Abdomen-with or without contrast
MR Spectroscopy (MRS)	76390	MR Spectroscopy (MRS)
Unlisted MR	76498	Unlisted MR procedure (eg, diagnostic, interventional)
Cardiac MRI	75557	Cardiac MRI for morphology and function without contrast
Cardiac MRI	75559	Cardiac MRI for morphology and function without contrast material; with stress imaging
Cardiac MRI	75561	Cardiac MRI for morphology and function without contrast, followed by contrast W & W/O
Cardiac MRI	75563	Cardiac MRI for morphology and function without contrast, followed by contrast; with stress imaging
Cardiac MRI	75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
Non-Cardiac PET	78608	PET Brain – metabolic evaluation

Non-Cardiac PET	78609	PET Brain – perfusion evaluation
Non-Cardiac PET	78811	PET imaging; limited area (eg, chest, head/neck)
Non-Cardiac PET	78812	PET imaging; skull base to mid-thigh
Non-Cardiac PET	78813	PET imaging; whole body
Non-Cardiac PET	78814	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
Non-Cardiac PET	78815	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; skull base to mid-thigh
Non-Cardiac PET	78816	PET imaging with concurrently acquired CT for attenuation correction and anatomical localization; whole body
Cardiac PET	78459	PET Cardiac (myocardial imaging) – metabolic evaluation
Cardiac PET	78491	PET Cardiac (myocardial imaging), perfusion single study at rest or stress
Cardiac PET	78492	PET Cardiac (myocardial imaging), perfusion multiple studies rest/stress
3D Rendering	76376	3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; not requiring image postprocessing on an independent workstation
3D Rendering	76377	3D Rendering with interpretation and reporting of CT, MRI, ultrasound, or other tomographic modality; requiring image postprocessing on an independent workstation