

Radiology Notification Program

Frequently Asked Questions

1 ▶ Why are UnitedHealth Premium[®] Quality and Cost Efficiency designated physicians now required to participate in the Radiology Notification Program? **NEW**

The decision to include all network physicians, including Premium Quality and Cost Efficiency designated physicians, in the notification program is based on UnitedHealthcare's concern for patients who are subject to preventable radiation exposure, as well as direct feedback from practicing physicians and office managers, who, while appreciating the exemption for UnitedHealth Premium[®] designated physicians, have also reported additional administrative complexity in managing these exemptions. Consequently, UnitedHealthcare will streamline and simplify the program for all stakeholders by having the same administrative requirements for all physicians.

Key drivers of this change include:

- Radiation Exposure – Recent published literature, in addition to concerns expressed by expert external scientific advisors, indicate that advanced imaging procedures are a major and growing source of ionizing radiation in the U.S. and can result in high cumulative levels of radiation for patients. As such, it is important that UnitedHealthcare address preventable radiation exposure through the Radiology Notification Program.
- Consistency – This change will provide a more consistent application of current scientific clinical evidence and professional society guidance to diagnostic imaging services. It also provides a consistency in operating imaging pre-service programs with other payers and UnitedHealthcare's other network facing companies. This alignment will aid in modifications UnitedHealthcare anticipates to be made to radiology programs for government business in 2010. Further details will be shared with you prior to implementation.
- Variation in use of advanced imaging services – UnitedHealthcare remains excited by and committed to the UnitedHealth Premium designation program which, as you know, evaluates the quality and cost effectiveness of clinical care delivery for 20 specialties. Results to date demonstrate that Premium designated physicians are practicing more efficiently than their peers in a manner consistent with evidence-based guidelines. Unfortunately, in the area of advanced imaging services, Premium physicians have not demonstrated greater efficiency in the use of these services. UnitedHealthcare remains concerned about the variations that exist in the quality, safety and appropriate utilization of imaging services in health care delivery. As such, for the foreseeable future, Premium designated physicians will be held accountable for compliance with the notification requirement.

2 ▶ When will the requirement for notification by Premium Quality and Cost Efficiency designated physicians take effect? **NEW**

Effective February 15, 2010, UnitedHealthcare will require all network physicians (including Premium Quality and Cost Efficiency designated physicians) to complete prior notification for advanced imaging services. Notification will be required from all ordering physicians for claims beginning with date of service **February 15, 2010**, and thereafter. For dates of service prior to February 15, 2010, Premium Quality and Cost Efficiency designated physicians are not required to obtain notification. However, if the advanced imaging procedure for the patient is requested **prior to February 15, 2010**, but the advanced imaging service is not expected to be rendered until February 15, 2010 or thereafter, UnitedHealthcare recommends obtaining the notification number to ensure accurate claims payment.

3 ▶ How does this impact the current status of a Premium designated physician? **NEW**

This change to the Radiology Notification Program does not affect a physician's current Premium designation status. UnitedHealthcare designates physicians who meet either the "quality only" or "quality and cost efficiency" criteria, and publicly recognizes them through designations that employers and members can view in online directories, such as the consumer Web site, myuhc.com. Employers may offer health benefit programs that provide benefit incentives for members to use UnitedHealth Premium designated physicians. As a result, there is potential that designated physicians may see an increase in the number of patients accessing their practice. Physicians who meet quality and cost efficiency criteria and who meet the more robust criteria for UnitedHealth Practice Rewards® will receive enhanced reimbursement. For more information on the UnitedHealth Premium designation program or Practice Rewards, please visit www.UnitedHealthcareOnline.com > Clinician Resources > UnitedHealth Premium, or call toll free 866-270-5588.

4 ▶ What is the UnitedHealthcare Radiology Notification Program?

- The Radiology Notification Program is a notification process required for participating physicians, health care professionals, facilities and ancillary providers for certain advanced outpatient imaging procedures prior to performance, with administrative claim denial for non-compliance.
- This is a **prior notification requirement** only, not a precertification, preauthorization or medical necessity determination. It is required for outpatient advanced imaging services only.
- Advanced imaging services that take place in an emergency room, observation unit, urgent care center or during an inpatient stay do not require notification.
- The process may require a physician-to-physician discussion, the purpose of which would be to engage the ordering physician in a discussion about the use of evidence-based guidelines.

5 ▶ Who is responsible for obtaining the notification?

The ordering physician's office requesting the imaging service is responsible for obtaining a notification number prior to scheduling advanced outpatient imaging procedures.

6 ▶ How does one obtain a notification number?

A notification number can be obtained in one of three ways:

Online	www.UnitedHealthcareOnline.com > Notifications > Radiology Notification Submission & Status
Telephone	866-889-8054
Facsimile	866-889-8061 (fax forms can be found on www.UnitedHealthcareOnline.com)

7 ▶ If problems are encountered through the online submission process, what steps can be taken to mitigate the problem?

First, verify that user administrative rights include the ability to initiate notifications. Administrative rights can be provided by accessing the “password/user set up” available on www.UnitedHealthcareOnline.com. An additional recommendation is to ensure pop-up blockers have been temporarily disabled.

8 ▶ Are the Web-based questions the same as the phone-based questions in the Radiology Notification process?

Yes, the questions are the same in both the Web- and phone-based Radiology Notification process.

9 ▶ How does one determine if a UnitedHealthcare member requires a notification?

If the UnitedHealthcare member is enrolled in a Choice or Select benefit plan, in most instances, the member requires notification. If the member’s ID card does not distinguish if insurance coverage is a Choice or Select product, notification requirements can be verified through one of the following options:

- Initiate the notification by contacting the Radiology Notification Program via phone or online, and providing the member’s information. The system will respond automatically by stating that notification is not needed, or will continue with the notification process.
- Call the number on the back of the member’s health care ID card and check for eligibility. UnitedHealthcare is required to offer group plans that self-fund their benefits the ability to opt out of the Radiology Notification Program. By calling the number on the back of the ID card, one can determine if the self-funded group has opted out. Additionally, COBRA members who maintain a Choice, Select or Definity HSA/HRA plan will require notification. Plan types labeled Definity Health do not require notification.
- Call 877-842-3210 and select the eligibility prompt (#2).

10 ▶ How does one address alpha characters in the member’s group number when using the telephone prompts?

Use the corresponding numeric number on the telephone key pad for alpha characters. Verification of the identification will be returned in numeric format only.

11 ▶ When will a notification number be issued once a request is submitted?

Online: If the requested procedure is consistent with evidence-based guidelines, a notification number is issued immediately. If the requested procedure is not consistent with evidence-based guidelines, then a request for a physician-to-physician discussion will be made of the ordering physician. The ordering physician has three (3) business days to complete the physician-to-physician discussion. Once the physician-to-physician discussion is complete, a notification number is issued immediately.

Phone: If the requested procedure is consistent with evidence-based guidelines, a notification number is issued immediately. If the requested procedure is not consistent with evidence-based guidelines, then a request for a physician-to-physician discussion will be made of the ordering physician. The ordering physician has three (3) business days to complete the physician-to-physician discussion. Once the physician-to-physician discussion is complete, a notification number is issued immediately.

Fax: Upon receipt of the imaging procedure request and supporting clinical information, the request will be reviewed within 24 hours. If the information submitted is consistent with evidence-based guidelines, the notification number will be issued. If the information is not consistent with evidence-based guidelines, a request for a physician-to-physician discussion will be made of the ordering physician. The ordering physician has three (3) business days to complete the physician-to-physician discussion. Once the physician-to-physician discussion takes place, a notification number is issued immediately.

12 ▶ Is a notification number needed for each imaging procedure ordered?

Yes, a notification number is required for each individual CPT code and each notification number is CPT code specific. A notification number is not needed for an IV drug in a contrast study, for example, only the advanced imaging studies. Notification numbers are not required on the claim form.

13 ▶ Are any CPT code modifications allowed under the Radiology Notification Program?

Under the CPT Code Crosswalk Table, for certain specified CPT code combinations, physicians and other health care professionals will not be required to contact the Radiology Notification Program to modify the existing notification record. A complete listing of codes is available on UnitedHealthcareOnline.com.

However, for code combinations not listed on the CPT Code Crosswalk Table, the Radiology Notification Protocol provision for additional advanced imaging services will still apply and a modification to the notified procedure would need to occur.

14 ▶ What is the process to modify a notification where either the CPT code notified is not present on the CPT Code Crosswalk Table, and/or it doesn't match the procedure that needs to be performed?

If the procedure that is being performed is for a contiguous body part, then either the ordering or rendering physician/provider may modify the original notification by calling **866-889-8054**, and selecting option 5. This must be done within two business days of the test being performed.

If an additional procedure needs to be performed and it is not for a contiguous body part, the ordering physician must obtain a new notification number. A test for a different, noncontiguous body part will be considered a new request.

15 ▶ When is the notification number available to see online?

The ordering physician will receive the notification number. It will be available for online verification one half hour after the notification number is issued.

16 ▶ How long is a notification number valid?

The notification number is valid for 45 calendar days. When a notification is entered for a procedure, UnitedHealthcare will use the day notification was issued as the starting point for the 45-day period in which the examination must be completed. If a procedure is not completed within 45 days, a new notification number must be obtained.

17 ▶ What is the process if the rendering physician/provider determines there is no notification number on file?

The rendering physician/provider may contact the ordering physician and request that the ordering physician obtain a notification number before the rendering physician/provider schedules or performs the service.

18 ▶ What is the process to get a notification number on an urgent basis if it is medically required?

A physician/provider may request a notification number on an "urgent" basis if the physician/provider determines it to be medically required. A notification number will be issued for urgent requests within three (3) hours of UnitedHealthcare receiving all required information. You must state that the case is clinically urgent when speaking to the clinical decision support representative. Urgent requests should be requested via phone at **866-889-8054**, option 1.

19 ▶ What if there is an urgent request that is not administered in an inpatient/ER/Observation/Urgent Care Clinic setting and is scheduled after hours or on a weekend?

If an advanced outpatient imaging procedure is required on an urgent basis, or notification cannot be obtained because it is outside UnitedHealthcare's normal business hours, the service may be performed, and notification requested retrospectively. Retrospective notification requests must be made within two (2) business days of the service.

20 ▶ When is a physician-to-physician discussion required?

If the imaging study requested for the member is not consistent with evidence-based clinical guidelines, or if further information is needed to assess the request, the ordering physician/provider will be required to participate in a physician-to-physician discussion to review the request, provide additional clinical information and consider alternative approaches. The purpose of the physician-to-physician discussion is to facilitate the provision of evidence-based health care through an open dialogue based on clinical guidelines. This discussion is not a preauthorization, precertification or medical necessity determination.

21 ▶ How were the evidence-based guidelines developed that are used with the Radiology Notification Program? **NEW**

The clinical guidelines used for the Radiology Notification Program were developed by a committee of practicing academic- and community-based radiologists and specialty consultants. They are based on guidelines and standards published by nationally and internationally recognized medical societies supplemented by material from peer-reviewed literature. The guideline review committee meets every other month to examine and modify the guidelines as necessary to reflect the most current evidence-based guidelines for imaging. All clinical guidelines are reviewed at least annually.

Note - Evidence-based Clinical Guidelines specific to Radiology are posted on UnitedHealthcareOnline.com, and serve as a detailed reference tool to support Ordering Physicians in selecting the appropriate imaging study. To access these guidelines, we urge you to log on to www.UnitedHealthcareOnline.com > Clinician Resources > Radiology > Radiology Notification > Evidence-based Clinical Guidelines.

22 ▶ What happens during the physician-to-physician discussion if there is disagreement with the recommendation on the most appropriate procedure to perform? Will a notification number still be issued for the requested procedure?

Yes. Upon completion of the discussion, the ordering physician/provider will confirm the imaging procedure ordered and a notification number will be issued. The ordering physician maintains the final decision authority.

23 ▶ What happens if the ordering physician does not complete the physician-to-physician discussion within the three business day timeframe?

Expired notification requests may be reactivated for up to 45 days from the initial request date. This can be done at the physician-to-physician level by calling **866-889-8054**, option 4.

24 ▶ Can additional clinical information be submitted for a requested procedure? Who reviews the information?

If the request requires a physician-to-physician discussion, additional clinical information may be submitted by calling **866-889-8054**, choosing option 5, and then option 7. A clinical nurse will review the additional information.

25 ▶ What if the ordering physician has left the office for an extended period of time and a request for a physician-to-physician discussion is required?

In the event a physician leaves the office and is unavailable for an extended period of time, the ordering physician's associates/practice partners may complete the physician-to-physician discussion in that physician's absence.

26 ▶ What if the ordering physician is not participating with UnitedHealthcare?

Non-participating physicians can still submit a notification either through **UnitedHealthcareOnline.com**, if they are registered, or by calling **866-889-8054**. The rendering physician/provider may request a notification on behalf of the non-participating ordering physician by calling **866-889-8054** and selecting prompt #5. If a non-participating physician is unwilling to submit a notification or the rendering physician/provider does not request a notification on the non-participating physician's behalf, the rendering physician/provider's claim will be denied for non-notification. However, the rendering physician/provider may appeal the denial using the reason that the ordering physician was non-participating.

27 ▶ If a free-standing clinic is attached to the hospital, and patients are sent from the hospital to the clinic, is notification still required?

Yes. If the service will be billed by a place of service other than inpatient, emergency room, observation or urgent care, notification will be required. If that outpatient order for the test is from an inpatient, emergency room or urgent care physician, the ordering physician is required to complete the notification process.

28 ▶ Does receipt of a notification number guarantee that UnitedHealthcare will pay the claim?

No, receipt of a notification number does not guarantee or authorize payment, but simply is confirmation that notification was made. Medical coverage/payment authorization is a separate process determined by the member's benefit contract and the physician/provider participation agreement with UnitedHealthcare.

29 ▶ What is the consequence for failure to provide notification?

Compliance with this notification protocol is required. Without completion of the entire notification process, a notification number will not be issued and an administrative claim reimbursement reduction, in part or in whole, will occur for the provider rendering the service.

30 ▶ How can one determine if a claim denial is related to the Radiology Notification Program and not for some other reason?

If there is no record of a notification being on file with UnitedHealthcare, the claim will be denied for "no notification" using a "VP" remark code. The 835 transaction remark code of N54 may also appear and is equivalent to the VP remark code when it is assigned to one of the 70000 series CPT codes that require notification.

31 ▶ If the submitted claim is denied for no notification, can the member/patient be balance billed?

No, balance billing the member/patient is precluded under the Radiology Notification Program as outlined in the Outpatient Radiology Notification Program Protocol.

32 ▶ What happens if the patient provides the wrong insurance information at the time of admission?

The appeal process has not changed for the Radiology Notification Program. If the claim is denied for non-notification, include the original claim submitted to the first insurer along with the appeal for the denied claim to UnitedHealthcare.

33 ▶ What if UnitedHealthcare is the secondary payer?

Notification is not required when UnitedHealthcare is secondary to any other payer, including Medicare.

34 ▶ How does the Radiology Notification Program compare with advanced imaging Pre-Service programs for other UnitedHealthcare products? **NEW**

The UnitedHealthcare Commercial Radiology Notification Program is a prior notification requirement for advanced imaging services; it is not a precertification, preauthorization, or medical necessity determination. Failure to comply with the notification protocol will result in an administrative claim reimbursement reduction, in part or in whole.

Radiology Prior Authorization Programs do apply to other UnitedHealthcare commercial products, including, but not limited to, Oxford Health Plans, PacifiCare, Neighborhood Health Partnership and the MAMSI health plans. Similar to the Radiology Notification Program, the Radiology Prior Authorization Programs apply to advanced imaging procedures. However, in contrast to the Radiology Notification Program, the Radiology Prior Authorization Programs include a precertification, preauthorization, or medical necessity determination, and failure to comply with any prior authorization protocol may result in a claim denial for medical necessity.

During 2010, we anticipate additional modifications to our radiology programs for our government programs. We will communicate program details as we introduce these changes.



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