

## HEALTHPLUS IMAGING MANAGEMENT PROGRAM UPDATE 1/5/06

*HealthPlus implemented its imaging management program on December 1, 2005. We are pleased to provide this updated information to assist you and your office with this important quality and cost-effective program.*

### **HIGH TECH TESTING AUTHORIZATIONS**

Physicians/offices may obtain authorization via web @ <http://www.carecorenational.com/>; fax @ 800-466-6964 or phone @ 800-792-8744. Certain tests, such as MRI of the brain & back, always require written documentation to be faxed in so it is best to use the fax system when requesting these tests. Information on CareCore medical necessity criteria is available on the CareCore National website @ <http://www.carecorenational.com/forms/clinicalguidelines.pdf>

**Urgent Requests:** If you believe the test is urgent, please notify the CareCore intake coordinator via phone (also if started via webpage) or notate this on the FAX form. ***Turnaround on urgent requests is three hours. Emergency cases do not require Prior authorization.***

**Non-urgent requests:** Requests not meeting criteria and/or requiring medical director review ***may take up to 2 business days for a response*** so please plan for this in your discussion with the patient.

**STAT testing:** when testing is required after CareCore hours (7 a.m. to 7 p.m. EST), please have the test performed and call CareCore within two business days to initiate the authorization.

**Physician-to-Physician Discussion:** CareCore physicians are available to discuss individual cases for guidance, explanation of guidelines, or discussion of denied authorization requests. Simply call the CareCore Physician Line at 1-800-918-8924 ext 11858.

**Appeals:** Physicians may appeal denied authorizations on behalf of the member. Full instructions on appeals are also provided to the physician and patient with the denial.

**Date of Request:** This field on the fax form means the date you are requesting services. *You do not need to know the test date when obtaining an authorization from CareCore.*

For general questions regarding the HealthPlus Imaging Management Program, please contact HealthPlus Customer Service Department at 1-800-332-9161

### **ORDERING MRIs WITH OR WITHOUT CONTRAST**

The addition of contrast to an MRI study has both patient safety and cost implications. To assist physicians with the decision to order MRIs with or without contrast, CareCore Chief Medical Officer, Michael Komarow MD, offers the following:

- 1) Tests are generally ordered "without" or "without and with" contrast. It is a rare occasion that an MRI would be only ordered "with" contrast; e.g. a "without" contrast test was recently performed and an additional study "with" contrast is now needed.
- 2) CareCore clinical reviewers will assist the physician/office by authorizing the test "with" or "without and with" contrast per the CareCore guidelines, available on the website or from HealthPlus of Michigan.

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- 3) If the radiologist decides at the time of the study that contrast is needed on a study approved "without contrast," he/she will add contrast and call CareCore within two business days to provide the medical necessity that warranted the addition of contrast.
- 4) Some special notes on the addition of gadolinium with MRI:
  - In most instances, musculoskeletal and joint MRI exams do not require contrast.
  - The use of contrast in MRI of the brain **should NOT be routine**, but rather targeted to those clinical situations in which the added time, expense, and discomfort are most likely to yield additional information.
  - Gadolinium is generally indicated for MRI of the brain in the following conditions:
    - Suspected abscess or cerebritis
    - Mass seen on CT or non-contrast MRI
    - MS plaque seen on non-contrast study
    - Suspected meningeal seeding of tumor, infection, sarcoid
    - Suspected pituitary adenoma or microadenoma
    - Suspected acoustic neuroma, persistent vertigo or disequilibrium of recent onset
    - Suspected cranial nerve tumor
    - Suspected tumor infiltration of skull
    - Suspected metastatic disease in an asymptomatic patient with a known breast malignancy or malignant melanoma
    - Follow up to a previously seen mass
    - Follow up post operative, post radiation or post chemotherapy
    - Known hydrocephalus with suspicion of mass or ependymitis
    - Vision loss in one eye for evaluation of optic nerve pathology
    - Suspected intracranial tumor
  - Gadolinium is generally NOT REQUIRED for MRI of the brain for:
    - TIA
    - Stroke
    - Vertebrobasilar insufficiency
    - Microvascular disease
    - Suspected aneurysm
    - Suspected AVM
  - Gadolinium in MRI of the spine is appropriate in certain clinical situations, but not in all. Generally, the following guidelines are in place for use of contrast in MRI of the spine.
    - Conditions enhanced with gadolinium administration, such as:
      - Known demyelinating disease.
      - Suspected disc infection or abscess.
      - Mass seen on non-contrast study.
      - History of laminectomy to differentiate epidural fibrosis and recurrent disc herniation.
      - Follow up to surgery, radiation or chemotherapy.
      - Sarcoidosis.
      - Lyme disease.
      - Myelitis.
      - Metastatic disease.

**REMEMBER:** *In all instances, the rendering radiologist should administer gadolinium when the non-enhanced images reveal a finding that can be better evaluated with contrast enhancement.*