Referrals and Precertifications/Prior Authorizations

Outpatient radiology and cardiac imaging services



Effective Sept. 11, 2017, prior authorization will no longer be required for radiology services. NIA will no longer accept or process authorization requests for non-emergent, advanced diagnostic imaging services. The suspension of this process will be short-term. A new model for radiology authorization will be implemented in the coming months. This new model will include a more streamlined request process.

- Beginning Sept. 11, 2017, NIA will not accept or process new prior authorization requests for GHP patients by phone or through RadMD.com.
- The last day to request imaging authorization through NIA is Sept. 10, 2017. NIA will accept requests for dates of service on or after Sept. 11, 2017 through the end of the business day Sept. 10, 2017.
- Sept. 10, 2017 is also the last day NIA will process customer service requests and inquiries regarding past, present or pending authorizations for GHP patients.
- There will be a 15-day authorization runout period. NIA will process and close out all authorization requests for GHP patients with DOS on or after Sept. 11, 2017 by Sept. 25, 2017.

Ordering and rendering providers are expected to follow documented guidelines for appropriateness of services.

- Geisinger Gold members: Follow <u>Medicare guidelines</u> as identified in local and national coverage decisions (LCD/NCD). If no LCD or NCD guidelines, revert to the <u>American</u> <u>College of Radiology (ACR) appropriateness criteria</u>.
- Non-Geisinger Gold members: Apply <u>ACR appropriateness criteria</u>.

GHP medical management staff will monitor utilization and will perform regular random audits to ensure guidelines are being followed.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.