

**EFFECTIVE DATE:** 10|01|2019

**POLICY LAST UPDATED:** 03|15|2023

## **OVERVIEW**

This policy documents the cardiology and radiology services in which prior authorization is required by the Blue Cross & Blue Shield of Rhode Island (BCBSRI) through the Cardiology and Radiology Management Program vendor for Medicare Advantage Plans and Commercial Products.

## **MEDICAL CRITERIA**

### **Medicare Advantage Plans and Commercial Products**

Clinical guidelines for approval of the tests listed below are found on the Cardiology and Radiology Management Program vendor's website which can be accessed at [evicore.com](http://evicore.com) or calling 888-233-8158 or faxing to 888-693-3210.

## **PRIOR AUTHORIZATION**

### **Medicare Advantage Plans and Commercial Products**

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products.

**NOTE:** This prior authorization requirement does not apply to services rendered in an emergency room, observation or inpatient setting.

## **POLICY STATEMENT**

### **Medicare Advantage Plans and Commercial Products**

The physician who orders the cardiology or radiology services must initiate and complete the authorization with the BCBSRI Cardiology and Radiology Management Program vendor. The ordering physician must maintain all documentation to support the clinical appropriateness of the study that is ordered and will complete the authorization accurately.

### **For BCBSRI Participating Providers**

Imaging facilities/hospitals are not allowed to obtain clinical authorization on behalf of the ordering physician. In no circumstance, unless expressly agreed to by BCBSRI in writing, will a physician use a representative of an imaging facility/hospital or anyone with a relationship to an imaging facility/hospital, to facilitate any portion of the authorization process with the Cardiology and Radiology Management Program vendor, including any element of the preparation of necessary documentation of clinical appropriateness. If an imaging facility/hospital is found to be supporting, without BCBSRI express written agreement, any portion of the authorization process, BCBSRI will deem the action a violation of this policy and severe action will be taken up to and including termination from the BCBSRI provider network. If a facility/hospital provides a cardiology or radiology service that has not been authorized, the service will be denied as the financial liability of the facility/hospital and may not be billed to the member.

## **OVERAGE**

Benefits may vary between groups/contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable Radiology/Diagnostic Imaging services.

## **CODING:**

The following codes are covered if approved by the BCBSRI's Cardiology and Radiology Management Program vendor.

## [2023 Codes for Cardiology and Radiology Services](#)

### **RELATED POLICIES**

Not applicable

### **PUBLISHED**

Provider Update, May 2023

Provider Update, March 2022

Provider Update, March 2021

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