NAUGATUCK VALLEY RADIOLOGY

Referring Provider Ordering Guide

ACR AMERICAN COLLEGE OF RADIOLOGY
DIAGNOSTIC IMAGING CENTER of EXCELLENCE™

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Naugatuck Valley Radiology Ordering Information

This manual is designed to provide our referring physicians offices with up-to-date scheduling guidelines and important information when ordering radiology exams for their patients. Because of frequent changes and updates, we have created this electric manual in lieu of distributing hard copies to your offices. We will update this page as needed; therefore, we recommend that you bookmark this page and refer to it when sending patients to Naugatuck Valley Radiology.

If you have any suggestions for additional information that you would like to see on this site please contact Kacie Kurdy at 203-267-3340 x 1143 or kkurdy@nvranet.com

General Information

Locations

1389 West Main Street
Tower 1, Suite 107
Waterbury, CT 06708
Tax ID: 06-1502461
NPI: 1336161918
Tax ID: 06-1239526 ***(MRI ONLY)***
NPI: 1134141716 ***(MRI ONLY)***

166 Waterbury Road
Suite 105
Prospect, CT 06712
Tax ID: 06-1620962
NPI: 1154343739

385 Main Street South
Building 2
Southbury, CT 06488
Tax ID: 06-1487582
NPI: 124525824

Scheduling

Phone: 203-753-NVRA (6872)

Fax Numbers:	Waterbury	Prospect	Southbury
	(203) 573-1062	(203) 758-7877	(203) 267-5801

Access to Images and Results

Phone: (203) 346-4020

Email: nvra.viewer@nvranet.com

Prior Authorization Requirements

Below are the prior authorization requirements for various insurance carriers. If you would like us to assist in obtaining the prior authorization, please contact our prior authorization specialists at 203-264-7999 ext. 2008

AETNA Healthplans Call EviCore @ 1-888-693-3211 To verify precert/referral requirements for non-70000 CPT codes call Aetna direct line for all plans 1-888-623-3862	**PreCerts Required:** CT Scan, MRA, MRI, Nuclear Cardiac Imaging
ANTHEM Healthplans Most BCBS & MediBlue HMO (VOI and VOU prefix) Primary & Secondary BCBS plans Call AIM @ 1-866-714-1107 MediBlue (XGH prefix) & Empire BCBS plans Call AIM @ 1-877-430-2288 BCBS Federal (effective May 1, 2015) Call AIM @ 1-866-789-0397	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology Echocardiogram 93306, Carotid Ultrasound 93880 To verify precert requirements for out of state plans, call Anthem direct @ 1-800-676-2583 Option 5
CIGNA HMO & Open Access Plans Call EviCore @ 1-888-693-3211 Tufts – Call Health plan on card	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology
CONNECTICARE (Required secondary to Medicare) (Pre-cert # for each procedure) Call NIA @ 1-877-607-2362	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology & Cardiac Echo - 93306
Diversified (North East Direct) Call to verify plan requirements Call 1-800-423-5597 Opt 5	**PreCerts Required:** Cardiac Imaging, CT, MRA, MRI, Nuclear Medicine
GHI & GHI HMO SELECT (not required secondary to Medicare) Call CareCore @ 1-877-773-2884	**PreCerts Required:** CT, MRA, MRI, Nuclear Medicine
GREAT WEST – all plans (GWH – Cigna) Call EviCore @ 1-888-693-3211	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology
Harvard Pilgrim Healthcare (PHCS) Call NIA @ 1-800-642-7543	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology, Nuclear Medicine
Humana Call 1-866-825-1550 Option 6	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology
Loomis Company (call for plan requirements) Call 1-800-647-2500	**PreCerts Required:** CT, MRA, MRI
Magna Care (non-par) Call for plan requirements Call 1-877-335-4725	**PreCerts Required:** CT, MRA, MRI

Medicaid Call EviCore @ 1-888-693-3211 Option 3	**PreCerts Required:** CT, MRA, MRI, Nuclear Medicine No authorization required for: Patients 18 years of age and younger or CPT Codes: 78264, 78227, 78452
MERITAIN HEALTH Call for plan requirements Call 1-800-242-1199 option 2	**PreCerts Required:** CT, MRA, MRI
MVP Healthcare Call CareCore @ 1-800-684-9286	**PreCerts Required:** CT, MRA, MRI, Nuclear Medicine
OXFORD Healthplans Required secondary to Medicare HMO & Oxford Medicare Advantage Plan Call CareCore @ 1-877-773-2884 To verify precert/referral requirements for non-70000 CPT codes call Oxford direct at 1-800-666-1353 Option 2 – Option 4 – Option 4 – Option 1 – Option 4	**PreCerts Required:** CT, MRA, MRI, Nuclear Medicine, Cardiac Echo – 93306 **Referrals required for:** NON 70000 CPT codes including: Venous US 93970 & 93971, Carotid Artery US – 93880 and Limited Dopper - 93976
PEQUOT PLUS HEALTH Call 1-888-557-1989	**PreCerts Required:** CT, MRI, MRA, Nuclear Cardiology
StarMark Call 1-800-706-7427	**PreCerts Required:** CT, MRA, MRI, Nuclear Medicine, Cardiac Echo – 93306
STIRLING BENEFITS/HMC Network Primary plan only per Group Plan Call Inetico @ 1-877-608-2200	**PreCerts Required:** CT, MRA, MRI, Cardiac Echo – 93306 **Authorization is date of service specific**
UMR Call 1-800-808-4424 Option 3	**PreCerts Required:** CT, MRA, MRI, Nuclear Cardiology, Nuclear Medicine
UNITED HEALTHCARE – Non-Medicare Plans Call UHC @ 1-866-889-8054 Option 4 – Option * – Option 3 – Option 1	**PreCerts Required:** CT, MRA, MRI, Nuclear Medicine, Cardiac Echo - 93306
WELLCARE OF CT – All Plans Call EviCore @ 1-888-333-8641	**PreCerts Required:** CT, MRA, MRI, Cardiac Imaging, Nuclear Medicine, Cardiac Echo - 93306
WORKERS COMPENSATION (Date of Injury and Claim Number are required)	**Information Required:** • Name and phone numbers of patient's workers compensation carrier • Employer name and address • Private Insurance Information

Mammography

Preparation: Patients cannot wear any lotions, powders or deodorant on the breast or underarm area.

Screening Mammogram

- It is recommended that all women greater than 40 years of age or women under 40 with a strong family history of breast or ovarian cancer have a yearly screening mammography.
- Patients must be asymptomatic
- 1 year since last screening mammogram
- For patients with known dense breast tissue (greater that 50% dense), a screening breast ultrasound can be done in conjunction with the mammography

Diagnostic Mammogram

- Performed when a radiologist is on-site to evaluate the images
- Unilateral or Bilateral Mammogram that meets one of the following criteria
    - Breast Pain
    - Lump/Mass
    - Nipple Discharge
    - Skin Changes
    - Suspected Implant Rupture or Leakage
    - Gynecomastia (male patients)
    - Short Interval Follow-up as recommended by the radiologist
- It may be recommended that an ultrasound be performed at the same time as the diagnostic mammogram

Additional Information:

1. If the patients prior breast imaging was not performed at one of our facilities, we will need information on the previous facility so that we can obtain the records
2. If a patient is symptomatic, requiring a unilateral mammogram within at the time of their yearly, bilateral exam being due, a bilateral diagnostic mammogram should be ordered
3. Patients will fill out a breast history sheet to be reviewed by the technologist before the exam is performed. If the patient's history indicates that a diagnostic mammogram is necessary, it will be reviewed with the radiologist on-site and a diagnostic exam may be performed at his or her discretion. If there is no radiologist on site, the patient will be rescheduled to a new date/time.
4. It is recommended that patients check with their insurance company regarding their coverage. For example, breast ultrasound is a covered benefit in the State of Connecticut, but it typically is applied to a patients deducible and they will have an out of pocket expense.

Bone Density

Preparation: Cannot take any solid calcium supplements for 24 hours prior to appointment. Cannot be performed within 10 days of oral or IV contrast.

Indications:

- Post-Menopausal
- Osteoporosis
- Prolonged steroid use
- Significant loss of height
- History of skeletal fractures

A bone density test is typically covered by insurance companies once every 2 years (3 years for BCBS) unless the patient has a confirmed diagnosis of osteoporosis and is taking a disease modifying mediation.

MRI Scheduling Guidelines

Precertification may be required by the patient's insurance carrier. If you would like us to assist in obtaining the prior authorization, please contact our prior authorization specialists at 203-264-7999 ext. 2008

Patients with the following cannot be scanned:

- Cardiac Pacemakers
- Defibrillators

Patients with the following can be scanned:

- Surgically Implanted Metal (joint replacements, surgical clips, plates/rods) implanted at least 6 weeks prior
- Dental work
- Brain Aneurysm Clips (if MRI compatible)
- Stents (if MRI compatible)

Patients with the following will need prior x-rays to screen for foreign bodies:

- Metal in the eyes, head or skin

Additional Information

1. Precertification may be required by the patients insurance carrier, we can facilitate this at your request.
2. If the patient wears a glucose monitor, it will need to be removed prior to the MRI
3. For patients with a stent, we will ask the patient for the stent card to verify that it is MRI compatible
4. Patients will be pre-screened prior to their appointment. If it is determined that they could potentially have a metallic foreign body in their eyes, head or skin, we will contact your office to send an order for an x-ray of that body part

MRI Brain

Indication/Symptoms	Without Contrast CPT 70551	W/WO Contrast CPT 70553
Headaches	X	
Dizziness/Vertigo	X	
Memory Loss	X	
Mental Status Changes	X	
TIA	X	
CVA	X	
Tumor/Mass		X
Pituitary		X
History of Cancer/Metastatic Disease		X
Multiple Sclerosis		X
Hearing Loss		X
Tinnitus		X
Acoustic Neuroma		X
Post-Operative		X
Meningioma		X
Bell's Palsy		X
Facial Numbness		X
Trigeminal Neuralgia		X

MRI Soft Tissue Neck

Indication/Symptoms	Without Contrast CPT 70540	W/WO Contrast CPT 70543
Vocal Chord Paralysis		X
Infection		X
History of Cancer/Metastatic Disease		X
Tumor/Mass		X

MRI Abdomen

Indication/Symptoms	Without Contrast CPT 74181	W/WO Contrast CPT 74183
Adrenal Adenoma		X
Tumor/Mass		X
Lymphadenopathy		X
History of Cancer/Metastatic Disease		X
Hemangioma		X
Abscess		X
Total Kidney Volume (TKV)	X	

MRI Pelvis

Indication/Symptoms	Without Contrast CPT 72195	W/WO Contrast CPT 72197
Fracture	X	
Osteomyelitis/Abscess		X
Infection		X
Tumor/Mass		X
History of Cancer/Metastatic Disease		X
Lymphadenopathy		X
Fibroid		X
Endometriosis		X

MRI Joint (specify joint when ordering)

Indication/Symptoms	**Upper Extremity Joint Without Contrast CPT 73221**	**Upper Extremity Joint W/WO Contrast CPT 73223**	**Lower Extremity Joint Without Contrast CPT 73721**	**Lower Extremity Joint W/WO Contrast CPT 73723**
Internal Derangement	X		X	
Pain	X		X	
Injury/Trauma	X		X	
Fracture	X		X	
Stress Fracture	X		X	
Muscle/Tendon Tear	X		X	
Arthritis	X		X	
Contusion	X		X	
Osteomyelitis		X		X
Tumor/Mass		X		X
Infection		X		X
Lipoma		X		X
Fasciitis		X		X
Neuroma		X		X
History of Cancer/Metastatic Disease		X		X

MRI Extremity – Non Joint (specify extremity when ordering)

Indication/Symptoms	Upper Extremity Without Contrast CPT 73218	Upper Extremity W/WO Contrast CPT 73220	Lower Extremity Without Contrast CPT 73718	Lower Extremity W/WO Contrast CPT 73720
Pain	X		X	
Injury/Trauma	X		X	
Fracture	X		X	
Stress Fracture	X		X	
Muscle/Tendon Tear	X		X	
Osteomyelitis		X		X
Mass (Bone or Soft Tissue)		X		X
Infection		X		X
Lipoma		X		X
Fasciitis		X		X
Neuroma		X		X
History of Cancer/Metastatic Disease		X		X

MRI Cervical Spine

Indication/Symptoms	Without Contrast CPT 72141	W/WO Contrast CPT 72156
Pain or weakness	X	
HNP	X	
Compression Fracture	X	
Degenerative Disc Disease	X	
Radiculopathy	X	
Chiari Malformation	X	
Osteomyelitis		X
Multiple Sclerosis		X
Post-Operative (Posterior Surgical Approach)		X
Cancer/Metastatic Disease		X
Tumor/Mass		X
Syrinx		X

MRI Thoracic Spine

Indications/Symptoms	Without Contrast CPT 72146	W/WO Contrast CPT 72157
Pain	X	
HNP	X	
Compression Fracture/Trauma	X	
Degenerative Disc Disease	X	
Disc Herniation	X	
Radiculopathy	X	
Osteomyelitis		X
Multiple Sclerosis		X
Post-Operative		X
Tumor/Mass		X
Cancer/Metastatic Disease		X
Syrinx		X

MRI Lumbar Spine

Indication/Symptoms	Without Contrast CPT 72148	W/W Contrast CPT 72158
Low Back Pain	X	
HNP	X	
Sciatica/Leg Pain	X	
Compression Fracture/Trauma	X	
Spondylolisthesis	X	
Stenosis	X	
Disc Herniation	X	
Degenerative Disc Disease	X	
Radiculopathy	X	
Post-Operative		X
Osteomyelitis		X
Multiple Sclerosis		X
Cancer/Metastatic Disease		X
Tumor/Mass		X

CT Scheduling Guidelines

Precertification may be required by the patient's insurance carrier. If you would like us to assist in obtaining the prior authorization, please contact our prior authorization specialists at
203-264-7999 ext. 2008

In accordance with the American College of Radiology guidelines, we require creatinine bloodwork within 2 months of receiving CT contrast for patients with the following contraindications/risk factors:

- Patients with a history of kidney disease including
    - Prior dialysis
    - Kidney transplant
    - Single kidney
    - Kidney surgery
    - Kidney cancer
- Hypertension requiring medical therapy
- Diabetes mellitus

CT Head/Brain

Indication/Symptoms	Without Contrast CPT 70450	W/WO Contrast CPT 70470	CTA with contrast CPT 70496
Headaches	X		
Trauma	X		
Memory Loss	X		
Mental Status Changes/Confusion	X		
Vertigo	X		
TIA	X		
CVA	X		
Bleed	X		
Migraines	X		
Tumor/Mass		X	
Cancer/Metastatic Disease		X	
Aneurysm		X	X

CT IAC's

Indication/Symptoms	Without Contrast CPT 70480	With Contrast CPT 70481
Otitis Media/Ear Pain	X	
Trauma	X	
Hearing Loss	X	
Cholesteatoma	X	
Tumor/Mass		X
Acoustic Neuroma		X

CT Orbits

Indication/Symptoms	Without Contrast CPT 70480	With Contrast CPT 70481
Fracture	X	
Trauma	X	
Pain	X	
Mass		X
Cellulitis		X

CT Sinus

Indication/Symptoms	Without Contrast CPT 70486	With Contrast CPT 70487
Sinusitis	X	
Sinus Pain/Pressure	X	
Pre-op (specify Acclarent or Medtronic on RX)	X	

CT Facial Bones

Indication/Symptoms	Without Contrast CPT 70486	With Contrast CPT 70487
Trauma	X	
Fracture	X	
Swelling		X
Infection		X
Tumor/Mass		X

CT Soft Tissue Neck

Indication/Symptoms	Without Contrast CPT 70490	With Contrast CPT 70491	W/WO Contrast CPT 70492	CTA with contrast CPT 70498
Salivary Stone		X		
Parathyroid Adenoma (4D CT)			X	
Lymphadenopathy		X		
Mass		X		
Stenosis				X
Dissection				X

CT Cervical Spine

Indication/Symptoms	Without Contrast CPT 72125	With Contrast CPT 72126
Radiculopathy	X	
Trauma	X	
Pain	X	
Tumor/Mass		X

CT Thoracic Spine

Indication/Symptoms	Without Contrast CPT 72128	With Contrast CPT 70481
HNP	X	
Compression Fracture	X	
Pain	X	
Tumor/Mass		X

CT Lumbar Spine

Indication/Symptoms	Without Contrast CPT 72131	With Contrast CPT 72132
Radiculopathy	X	
Pain	X	
Discogram	X	
Tumor/Mass		X

CT Extremities (specify laterality and body part when ordering)

Indication/Symptoms	Without Contrast	With Contrast
Fracture	X	
Pain	X	
Arthritis	X	
Dislocation	X	
Pinning	X	
Tumor/Mass		X
Infection		X
Cellulitis		X

CT Chest

Indication/Symptoms	Without Contrast CPT 71250	With Contrast CPT 71260	CTA with Contrast CPT7127
Nodules	X		
Pleural Effusion	X		
Lymphadenopathy		X	
Shortness of Breath		X	
Mass/Tumor		X	
Cancer/Metastatic Disease		X	
Hemoptysis		X	
Mediastinal or Hilar Adenopathy		X	
Pulmonary Embolism			X
Stenosis			X
Occlusion			X
Dissection			X
Aneurysm			X

CT Low Dose Lung Screening

Indication/Symptoms	Screening CPT G0297	Follow-up CPT 71250
Lung Screening Exam • Current or Former Smoker • Initial Screening • Yearly follow-up ***Insurance guidelines vary, please check patient's policy	X	
Follow-up • Short term follow-up for findings on screening exam		X

CT Abdomen

Indication/Symptoms	Without IV Contrast CPT 74150	With IV Contrast CPT 74160	W/WO IV Contrast CPT 74170	CTA with contrast CPT 74175	Oral Contrast
AAA				X	
Aneurysm				X	
Renal Artery				X	
Liver Infection		X			X
Upper Quadrant Pain		X			X
Pancreas Pathology		X			X
Kidney Tumor			X		
Liver Hemangioma			X		X
Pheochromocytoma	X				X
Kidney Stones	X				

CT Abdomen/Pelvis

Indication/Symptoms	Without IV Contrast CPT 74176	With IV Contrast CPT 74177	W/WO IV Contrast CPT 74178	CTA with contrast CPT 74174	CTA W/WO Contrast CPT 74174	Oral Contrast
Pain		X				X
Bowel Obstruction		X				X
Abscess		X				X
Diverticulitis		X				X
Appendicitis		X				X
Cancer/Metastatic Disease		X				X
Urogram			X			
Hematuria			X			
Flank Pain			X			
Kidney Mass			X			
Hydronephrosis			X			
Renal Colic			X			
Stone Study	X					
Aortic Stent					X	
Aneurysm				X		

CT Pelvis

Indication/Symptoms	Without IV Contrast CPT 72192	With IV Contrast CPT 72193	W/WO IV Contrast CPT 72194	Oral Contrast
Lower Quadrant Pain		X		X
Bladder Evaluation		X		
Pelvic Bone Pain/Trauma	X			