Medical Necessity Review for Outpatient Diagnostic Imaging Services
Frequently Asked Questions

Q1. What benefit plans are subject to the medical necessity review?
A. New Jersey small group and individual plans
   New Jersey municipality plans
   New Jersey school board plans

Q2. When did this program begin?
A. It is effective for dates of service on or after January 1, 2013

Q3. What procedures require a medical necessity review?
A. Radiology:
   - Magnetic Resonance (MRI/MRA)
   - Computed Tomography (CT Scan)
   - Positron Emission Tomography (PET)
   - Nuclear Medicine and Nuclear Cardiology
   - Ultrasound

B. Radiation Therapy:
   - Brachytherapy (internal radiation placement therapies)
   - External Beam Radiation (EBRT)
     - Conventional external beam radiation therapy (CRT)
     - 3D conformal radiation therapy (3D CRT)
     - Intensity modulated radiation therapy (IMRT)
     - Image guided radiation therapy (IGRT)
   - Proton Beam Therapy
   - Stereotactic Radio-surgery (e.g., Cyberknife, Rapid-Arc), and all similar emerging technologies
   - Other emerging therapies that use ionizing radiation to treat cancer such as hyperthermia and neutron beam

Q4. What procedures are excluded from the requirement?
A. Medical necessity review of these outpatient diagnostic imaging services are not required when performed:
   - In an emergency room/department
   - In an ambulatory surgery center
   - In an urgent care facility
   - During an inpatient stay

Q5. Where can I find a list of all CPT codes for which medical necessity review is required?
A. Radiology: OxfordHealth.com > Oxford’s Medical and Administrative Policies > Radiology Procedures for CareCore National Arrangement
B. **Radiation Therapy**:  
OxfordHealth.com > Oxford’s Medical and Administrative Policies > Radiation Therapy Procedures for CareCore National Arrangement

Q6. Why is a medical necessity review required for these plans?
A. New Jersey small group, individual, municipality and school board plans’ certificates of coverage do not require a prior authorization, however; they do allow for a medical necessity review prior to reimbursement by the health plan.

Q7. How can I verify eligibility and benefits?
A. You can verify your patient’s eligibility and benefit’s in one of three ways:
   1. Visit OxfordHealth.com
   2. **Electronic data interchange (EDI)**, or
   3. Call 800-666-1353 and select the prompt for access to benefits and eligibility information.

Q8. How does the process work?
A. Upon claim submission for a member of New Jersey small group, individual, municipality and school board plans, you will receive notice from Oxford Health Plan requesting clinical notes and/or medical records for a medical necessity review prior to claim payment. You may begin to submit this information with your claims or wait until Oxford or CareCore National requests additional information. For efficient handling of claims and appropriate reimbursements, please display the patient’s Oxford identification number prominently on all documentation. Cases not meeting medical necessity criteria will be denied. Do not submit test findings to Oxford or CareCore National.

Q9. Will I have the option to have the requested service(s) reviewed prior to rendering?
A. Yes. Please contact CareCore National for authorization prior to rendering a service at 877-773-2884.

Q10. How do I check the status of the review?
A. To check the status of the review, please visit: CareCoreNational.com and select “Authorization/Eligibility lookup”.

Q11. Where do I submit my claim or medical notes?
A. Please continue to submit claims electronically to Payer ID# 06111 or mail to:

   Oxford Health Plans  
   Attn: Claims Department  
   P.O. Box 29130  
   Hot Springs, AR 71903

Q12. Does this requirement have any impact on Oxford plans with existing precertification requirements?
A. No, this requirement does not impact Oxford plans with existing precertification requirements (i.e., NJ large plans or NY plans).
Q13. Where can I find the evidence based clinical guidelines used for medical necessity reviews?

A. **Radiology:**
   For more information, including the evidence-based clinical guidelines used for medical necessity reviews, please visit CareCoreNational.com > CareCore Solutions > Radiology > Radiology Tools and Criteria.

B. **Radiation Therapy:**
   For more information, including the evidence-based clinical guidelines used for medical necessity reviews, please visit CareCoreNational.com > CareCore Solutions > Radiation Therapy > Radiation Therapy Tools and Criteria.

Q14. What if I don’t agree with the decision rendered?

A. You have the option to appeal a decision by following the directions that are included with the determination letter or Explanation of Benefits (EOB). Appeals may be submitted via fax to: 877-220-7537 or mailed to:

   Oxford Health Plans  
   Attn: Clinical Appeals Department  
   P.O. Box 29139  
   Hot Springs, AR 71930

Q15. Who can I contact if I have questions?

A. If you have questions, including questions regarding the medical necessity review process, claims, or member eligibility or benefits, please call Oxford Health Plan at 800-666-1353 or CareCore National Customer Service at 877-773-2884.