New Jersey Medical Necessity Review for Outpatient Diagnostic Imaging Services

To achieve greater transparency and consistency with our network providers, Oxford Health Plan is standardizing the medical necessity review requirements for the services that you provide to our members. As a reminder, below is detailed information regarding our outpatient prior authorization protocol for diagnostic imaging services.

On January 1, 2013, we implemented a Medical Necessity Determination for all applicable New Jersey small group, individual, municipality and school board plans for outpatient radiology procedures. A review for medical necessity can be requested prior to rendering the service by contacting CareCore National at 877-773-2884, or CareCoreNational.com.

If a medical necessity review is not completed prior to the service, CareCore National will review Oxford claim submissions to evaluate certain outpatient radiology services for medical necessity, such as:

- Magnetic Resonance (MRI/MRA)
- Computed Tomography (CT Scan)
- Positron Emission Tomography (PET)
- Nuclear Medicine and Nuclear Cardiology
- Some Ultrasound Procedures*


Please be advised it is the ordering provider’s responsibility to provide medical documentation to demonstrate clinical necessity for the outpatient radiology procedure that is being requested, for pre- and post-service review.

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

You may begin to submit notes and/or medical records with your claims for the procedures described in this letter or wait until Oxford or CareCore National requests additional information. Notes and/or medical records will be requested for outpatient radiology procedures per our policy.

For efficient handling of claims and appropriate reimbursements, please display the Oxford member’s identification number prominently on all documentation, including:

1. This requirement does not impact Oxford plans with existing precertification requirements (i.e., NJ large plans or NY plans).

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.

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• Cover letter requesting review for medical necessity, including the member’s name, identification number, claim number, date of birth, date of service, and CPT code(s).

• Supporting clinical information provided by the ordering provider that must contain the ordering/referring provider’s name and signature, address, phone and fax numbers, specialty, tax identification number and information such as:
  1. Reason for the procedure performed;
  2. Patient’s signs and symptoms;
  3. Treatment, including type and duration;
  4. Previous studies for the specific medical issue; and
  5. Any other pertinent clinical information to determine medical necessity.

If you have questions, or to verify member eligibility and benefits, please contact Oxford at 800-666-1353 or CareCore National at 877-773-2884. Thank you.