

TITLE:	MAGNETIC RESONANCE IMAGING (MRI) STEERAGE PILOT POLICY
POLICY #:	MM-PNP-029
VERSION #:	01
DEPARTMENT:	UTILIZATION REVIEW
ORIGINAL EFFECTIVE DATE:	11/01/2023
CURRENT REVISION DATE:	N/A

1. PURPOSE

This policy outlines the steps to review an MRI request for the indications in Section 2 and steer to Austin Radiology Associates (ARA) where possible.

2. SCOPE

2.1 Requests received from any primary care providers, including physician extenders (NP, PA)

2.2 Limited to elective and routine (non-acute) outpatient requests:

- MRI of cervical, lumbar, thoracic regions for outpatient evaluation and management for non-traumatic indications (chronic pain due to DJD and low back pain)
- MRI of shoulder for chronic conditions – OA, rotator cuff, pre op for shoulder procedures
- MRI of knee for outpatient evaluation and management of chronic pain and suspected DJD or stable injuries to meniscus and ligaments
- MRI brain for outpatient evaluation and follow-up of intracranial tumor, vascular lesions, chronic headaches, or any stroke syndrome
- Evaluation of any hip pathology (trochanteric bursitis)
- Foot and Ankle – suspected stress fracture, plantar fasciitis, suspected Achilles tendon tear

2.3 Members will have an opportunity to choose the ARA location closest to their home and will receive an incentive for scheduling if they participated in convincing their provider to change imaging providers.

2.5 Geographic Location: Central Texas region where ARA locations exist

2.6 Pilot duration: 6 months

3. DEFINITIONS

N/A

4. RESPONSIBILITIES

N/A

5. POLICY

Provides guidelines regarding the medical necessity review and process of referring MRI requests from Primary Care Providers to ARA for cost effectiveness and quality of care.

6. PROCEDURE

- 6.1 UM nurse will identify preauthorization requests based on criteria in Section 2.2, perform a complete review, and if medical necessity is established based on criteria,
- 6.2 UM nurse will call requesting provider to discuss imaging center change to ARA, and document:
 - Reason for call,
 - Provider's approval to change MRI referral to ARA, OR
 - Provider's disagreement with steerage option
- 6.3 UM team member (UM Nurse or Care Navigator) notifies member about the pilot incentive, and available imaging center options. If provider refused to change imaging center, member is asked to contact their provider and request change to ARA,
- 6.4 Requesting provider will schedule MRI at imaging center closest to members residence or at ARA location of member's choice,
- 6.5 Member will contact UM Nurse or Care Navigator when MRI has been completed at ARA location, and will receive incentive for scheduling at documented imaging center,
- 6.6 UM team will document appropriate code to track:
 - MRIARAYES – Provider agreed with change to ARA
 - MRIARANO – Provider refusal to refer to ARA, and
 - MBRMRIARAYES – Member participation in pilot for incentive fulfillment.
- 6.7 Program Metrics:
 - Number of MRIs completed at ARA,
 - Number of MRIs not completed at ARA (documented provider refusal to change location)
 - Cost savings – requested imaging centers compared to ARA,
 - Member satisfaction will be reviewed when Curative is notified of MRI completion

7. TRAINING REQUIREMENT

- All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

8. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions-controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with

Curative. Additional civil, criminal, and equitable remedies may apply.

9. DOCUMENTATION

N/A

10. REFERENCE DOCUMENTS AND MATERIALS

N/A

11. COLLABORATING DEPARTMENTS

- Medical and Pharmacy UM Departments

12. DOCUMENT CONTROL

APPROVED BY:		
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: