

| | | |
|--|---|--|
| ISSUE DATE November 21, 2014 | EFFECTIVE DATE December 1, 2014 | NUMBER 01-14-42 |
| SUBJECT Advanced Radiologic Imaging Services | | BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs |

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin is to inform providers that the current process for obtaining authorization for advanced radiologic imaging services is changing. The new process will be effective December 1, 2014.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who prescribe or render advanced radiologic imaging services in the Fee-for-Service delivery system. Providers who prescribe or render services in the managed care delivery system should direct questions regarding prior authorization requirements for advanced radiologic imaging services to the appropriate managed care organization.

BACKGROUND:

Advanced radiologic imaging services are diagnostic studies that provide greater differentiation than x-rays between bone and soft tissue, allowing practitioners to diagnose diseases at earlier stages while avoiding more invasive and costly diagnostic procedures. Advanced radiologic imaging services include Computerized Tomography (CT) Scans, Magnetic Resonance Angiogram (MRA) Scans, Magnetic Resonance Imaging (MRI) Scans, Magnetic Resonance Spectroscopy (MRS) Scans, Nuclear Medicine Cardiology Scans, Positron Emission Tomography (PET) Scans, and Single Photon Emission Computed Tomography (SPECT) Scans.

In MA Bulletin 99-08-08, titled Prior Authorization of Advanced Radiologic Imaging Services, issued on August 5, 2008, the Department of Public Welfare (Department) announced that it would require prior authorization (PA) for advanced radiologic imaging services performed in an outpatient setting. As set forth in MA Bulletin 99-08-08, the Department imposed PA requirements to ensure that MA beneficiaries receive the most appropriate service for their presenting symptoms based on clinically accepted guidelines. In addition, the PA process affords prescribers the opportunity to discuss a case with a colleague

| |
|--|
| <p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p> |
|--|

in diagnostic imaging and obtain useful information about the most appropriate advanced radiologic imaging service that should be performed.

DISCUSSION:

Non-emergency advanced radiologic imaging services performed in an outpatient setting will continue to require PA; however, beginning December 1, 2014, the Department will perform telephonic PA and Program Exception (PE) review of requests for advanced radiologic imaging services performed in an outpatient setting. National Imaging Associates, Inc. will no longer review requests for advanced radiologic imaging services.

Advanced radiologic imaging services listed on the MA Fee Schedule and performed while a MA beneficiary is in an inpatient setting will not require PA. If a MA beneficiary who is in an inpatient facility requires an advanced radiologic imaging service that will be performed in an outpatient setting, PA is required.

The Department updated the MA Program Handbook (Handbook) pages to include instructions on how prescribers are to request PA or PE for advanced radiologic imaging services from the Department, including the type of medical information required to evaluate such requests for medical necessity. As set forth at 55 Pa.Code § 1101.67(a) (relating to prior authorization), the procedures described in the Handbook pages must be followed to ensure appropriate and timely processing of requests for PA of advanced radiologic imaging services.

Prescribers may continue to request a PE through the administrative waiver process authorized by 55 Pa.Code § 1150.63 (relating to waivers) for advanced radiologic imaging services not listed on the MA Fee Schedule that are provided in an outpatient setting. Prescribers may also continue to request a PE for the professional component of services not listed on the MA Fee Schedule that are provided in an inpatient setting. Services not listed on the MA Fee Schedule may be provided on an emergency basis, without prior approval, but the prescriber, whether in state or out of state, must request a PE retrospectively, within 30 days of the date of service, in order to receive payment.

The Department will use the most current version of McKesson's InterQual Clinical Content - Imaging guidelines to review requests for advanced radiologic imaging services.

Retrospective Reviews

Retroactive MA Eligibility

A prescriber may request authorization for claims for advanced radiologic imaging services provided to individuals who are determined to be eligible for MA retroactively ("late pickups"). The request must be submitted within thirty days of the date the prescriber or

rendering provider receives notice of the eligibility determination. If it is determined that the service was not medically necessary, the authorization request will be denied.

Individuals with Third Party Resources

For those individuals with Third Party Resources, including Medicare and private insurance, the Department will not require PA or PE approval of advanced radiologic imaging services prior to the service being performed. In these instances, the rendering provider will submit its claim for cost sharing to the MA Program in the usual manner as set forth in the CMS 1500 Billing Guide for PROMIS^eTM. If the Third Party Resource denies payment for the advanced radiologic imaging service or pays less than the MA Program fee, the prescriber may request retrospective approval from the Department within 30 days of the date of the Third Party Resource Explanation of Benefits.

PROCEDURE:

Prescribers are to secure PA or PE for advanced radiologic imaging services performed in an outpatient setting from the Department effective on and after December 1, 2014. The Department will review PA or PE requests for advanced radiologic imaging services performed in an outpatient setting on and after December 1, 2014. The attached revised MA Program Handbook pages describe the procedures for requesting PA or PE for advanced radiologic imaging services performed in an outpatient setting. The Handbook may be viewed by accessing the following website link:

<http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>

As set forth in the MA Program Handbook pages, the Department will use the most current version of McKesson's InterQual Clinical Content - Imaging as guidelines to review requests for advanced radiologic imaging services.

This bulletin obsoletes MA Bulletin 99-08-08 and MA Bulletin 01-04-05, 31-04-11, titled "Telephone Prior Approval of Positron Emission Tomography (PET) Scans," issued and effective November 15, 2004.

ATTACHMENT:

MA Program Handbook – Section 7.6 General Requirements for Prior Authorization and Program Exception Requests for Advanced Radiologic Imaging Services Performed in an Outpatient Setting