



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE August 5, 2008	EFFECTIVE DATE September 1, 2008	NUMBER 99-08-08
SUBJECT Prior Authorization of Advanced Radiologic Imaging Services		 Michael Nardone, Deputy Secretary Office of Medical Assistance Programs

## **PURPOSE:**

The purposes of this bulletin are to:

- 1) Inform providers that non-emergency advanced radiologic imaging services provided in an outpatient setting must be prior authorized for dates of service on and after September 1, 2008.
- 2) Issue Medical Assistance (MA) Program Handbook pages that include instructions on how to request prior authorization or program exception for advanced radiologic imaging services, including the type of medical information needed to evaluate such requests for medical necessity.

## **SCOPE:**

This bulletin applies to all providers enrolled in the MA Program who prescribe or render non-emergency advanced radiologic imaging services in the Fee-for-Service delivery system, including ACCESS Plus. 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.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone number for your provider type.  
Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

Although advanced radiologic imaging services can be highly effective diagnostic tools, recently published research has shown that diagnostic tests, including these services, are quite often prescribed inappropriately and do not always contribute to the physician's understanding and diagnosis of the patient's condition. In addition, these services sometimes have technical limitations, including variable image quality, and often subject patients to higher amounts of radiation than traditional x-rays. The same patient health outcomes can often be obtained using the more economical traditional radiology technology, with lower radiation exposure and greater convenience for the patient.

## **DISCUSSION:**

The Department of Public Welfare (Department) has determined that prior authorization for advanced radiologic imaging services will ensure that MA recipients receive the most appropriate service for their presenting symptoms based on clinically accepted guidelines. In addition, a prior authorization process will afford prescribers the opportunity to discuss a case with a colleague in diagnostic imaging and obtain useful information about the most appropriate advanced radiologic imaging service that should be performed.

Effective with dates of service on or after September 1, 2008, providers must secure prior authorization for non-emergency advanced radiologic imaging services listed on the MA Program Fee Schedule (MA Fee Schedule) provided in an outpatient setting. Advanced radiologic imaging services listed on the MA Fee Schedule and performed while an MA recipient is in an inpatient setting will not require prior authorization. If an MA recipient who is in an inpatient facility requires an advanced radiologic imaging service that will be performed in an outpatient setting, prior authorization is required.

Providers may continue to request a program exception 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. Providers may also continue to request a program exception 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 provider, whether in state or out of state, must request a program exception retrospectively, within 30 days of the date of service, in order to receive payment.

In order to facilitate the prior approval process, the Department has contracted with National Imaging Associates, Inc. (NIA) to perform telephonic prior authorization and program exception review of advanced radiologic imaging services.

## **PROCEDURE:**

The attached MA Program Handbook pages describe the procedures for requesting prior authorization or a program exception for advanced radiologic imaging services. Prescribing practitioners may begin to use the procedures described in the Handbook immediately, to request prior authorization or a program exception for services that are scheduled to be performed on or after September 1, 2008.

As set forth in 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 prior authorization of advanced radiologic imaging services.

**NOTE:** Effective with the issue date of this bulletin, the Department will no longer require prior authorization for procedure code 76936 (ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)), since this radiologic service is used only in conjunction with a surgical service that requires prior authorization.

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

**ATTACHMENT:**

MA Program Handbook Pages - Prior Authorization and Program Exception Review of Advanced Radiologic Imaging Services