

Pathways Radiology PA Request Guide

In the near future, non-emergent CT and PET scans will require prior authorization. Below are dates, details and instructions for the prescribing practitioner's office to follow to obtain the prior authorization for these services in an at-a-glance form. Watch for additional ListServ notices and additional information on MaineCare.com.

When is the change effective?

Two important dates to know:

1. You may start requesting PA's on February 5, 2014. This is the go-live date for an enhancement to the MaineCare provider portal allowing providers to self-serve for requesting PA's for non-emergent CT & PET scans. More on the portal self-serve capability below under 'How'.
2. Beginning with services rendered on or after March 1, 2014, PA's will be required.

Does this change apply to all MaineCare Members?

MaineCare members ages 21 – 64 are affected by this change.

What are the specific services now requiring PA?

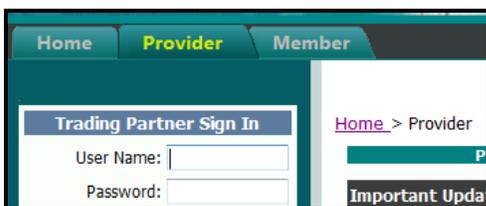
List of codes and procedure descriptions are found in the same location as this Guide.

How do I request a prior authorization for these non-emergent services?

You may request PA's online via the Provider Portal, or download a paper request form which will also be available on February 5, 2014. Fax the completed paper form to 1-866-598-3963. Our Provider Portal has been upgraded to expedite the process and reduce waiting times for responses. We recommend using this method to request authorizations in lieu of faxing or mailing requests. The paper form is found in the same location as this Guide.

Before Login! Visit the American College for Radiology website for more information about Appropriateness Guidelines <http://www.acr.org/Quality-Safety/Appropriateness-Criteria/Diagnostic>

1. On the MaineCare self-serve Provider Portal at: <https://mainecare.maine.gov/ProviderHomePage.aspx>, log into your Trading Partner account.

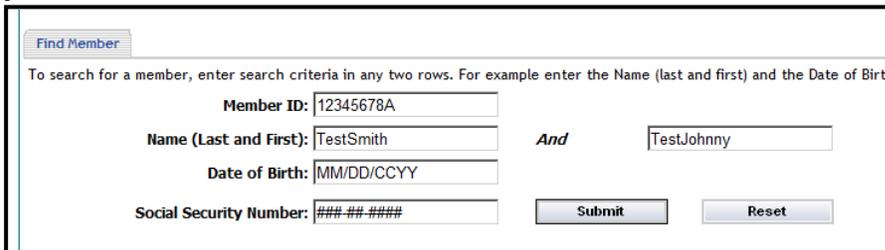


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2. Select the *Authorization Submission* link under the *Form Entry* section



3. Select the Prescribing Physician in the drop-down menu labeled "Billing Provider". The performing provider (radiologist/radiology center) will be selected in step six. Follow the instructions to search for your member. Select the correct member and click "Continue"



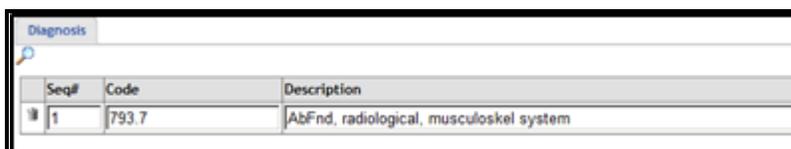
A screenshot of a 'Find Member' search form. The form has a title 'Find Member' and a subtitle 'To search for a member, enter search criteria in any two rows. For example enter the Name (last and first) and the Date of Birth'. The form contains several input fields: 'Member ID:' with the value '12345678A', 'Name (Last and First):' with 'TestSmith' and 'TestJohnny' separated by 'And', 'Date of Birth:' with the placeholder 'MM/DD/CCYY', and 'Social Security Number:' with the placeholder '### ## ####'. There are 'Submit' and 'Reset' buttons at the bottom right.

4. Select the PA Type *Radiology*
5. Enter the proposed date of services. If you are unsure of the specific date of service, it is appropriate to enter a date range.
6. In the "Rendering Provider" section, select the magnifying glass to search for the performing provider.



A screenshot of the 'Rendering Provider' section. It features a title 'Rendering Provider' and two input fields: 'Rendering Provider or Group:' with a magnifying glass icon, and 'Pay To/Billing Provider:' with a dropdown arrow.

7. Enter the appropriate diagnosis code



A screenshot of a 'Diagnosis' table. The table has a title 'Diagnosis' and a magnifying glass icon. It contains one row of data:

Seq#	Code	Description
1	793.7	AbFnd, radiological, musculoskel system

8. Click the magnifying glass to search for the service group, or type a CPT into the "code" field shown below.

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The screenshot shows a 'Services' table with one row containing '1' in the 'Seq#' column. To the right is a 'Select Service Group' dialog box with the following fields:

- Service Group : Advanced Radiology
- Sub Category : Positron Emission Tomography
- Category : PET: Myocardial Imaging
- Codes : 78459, 78491, 78492

Buttons at the bottom of the dialog are 'Ok', 'Clear', and 'Cancel'.

9. Enter the appropriate modifier/s
10. Enter the appropriate units

The screenshot shows the 'Services' table with the following row:

Seq#	Code	Service Group	Description	Modifier	Units
1		(Advanced Radiology) * (Positron Emission Tomography) * (PET: Myocardial Imaging)			1

11. If the procedure is related to an accident, enter the appropriate information.
12. Enter pregnancy information, if appropriate.
13. Submit the authorization request
14. Answer any questions that pop-up on the next screen. When all questions have been answered, select "submit". Example question shown below.

The screenshot shows a 'Questions' dialog box with the following information:

- Provider Name : [] Member Name : [] Date of Service : 1/23/2014
- Service Code: 70450
- Question: Is an MRI +/- an MRA contraindicated or cannot be performed to evaluate: a known or suspected aneurysm, arteriovenous malformation, congenital abno
- Radio buttons: Yes, No
- Buttons: Previous, Next, Submit

15. A message will appear with the Authorization number and status.

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PA Approval Message

This Authorization has been Approved

PA Type = Radiology

Authorization Number :

You must include the authorization number on the submitted claim to prevent claim rejection due to PA requirement

Patient: _____
 Medicaid ID: _____

Requesting Provider: _____
 Authorized Rendering Provider: _____
 Provider Speciality: _____

DOS Range: 1/23/2014 12:00:00 AM - 1/23/2014 12:00:00 AM
 Diagnosis: v80.3,
 Service:

Code	Description	Units
70450	ct head/brain w/o contrast material	1

16. If the Authorization pends, you will see this message:

PA Pend Screen / Message

Authorization Pended for Manual Review

PA Type = Radiology

Authorization Number

You must confirm authorization approval prior to claims submittal

Patient: (_____
 Medicaid ID: _____

Requesting Provider: _____
 Requested Rendering Provider: _____
 Provider Speciality: No Specialty Required

DOS Range: 1/23/2014 12:00:00 AM - 1/23/2014 12:00:00 AM
 Diagnosis: v80.3,
 Service:

Code	Description	Units
74176	ct abdomen & pelvis w/o contrast material	0

**A pended PA request is routed to the medical review staff. Please refer to the FAQs for further information.*

*If a request is set to a pend status, please upload a copy of the Radiology Supplement form titled "P.A. Request Form – Pathways Radiology"

- Uploaded Radiology Supplement forms do not need to have the members demographic section completed since the upload will link to the PA request. See section 16 of the Pathways Radiology PA Request Guide.
- Enter the Electronic PA# on the form in the space provided
- If you are having trouble getting the document to upload, please call Provider Services at 1-866-690-5585

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17. To add attachments, click "close" and you will see a Confirmation screen. At the bottom of this screen, click "Add Attachment". Choose the appropriate type of attachment and upload the attachment by clicking "browse", choose the correct attachment from your computer.

Who do I call with questions or assistance (FAQs)?

I have general questions or I'm having difficulty entering the information on the portal:

Contact Provider Services at 1-866-690-5585

"My PA Request was not approved, who do I call?"

Contact Provider Services at 1-866-690-5585

"My PA Request was pended, what does that mean?"

A pended PA request has not been denied, it is simply being routed to a medical review staff member to compare with ACR Appropriateness Guidelines in order to validate medical necessity prior to authorization. Some requests may not be approved. Please refer to the MaineCare Benefits Manual, Chapter 1, Sections 1.14 and 1.21-1, for further information on the denial process:

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

"How long will I need to wait to get a response from medical review?"

All requests for authorization that require an individual medical necessity review will receive a determination within 2 business days of receipt of all necessary information. Please make every effort to submit accurate information that is legible and complete. Delays will occur if the submitted information is not specific or contains discrepancies that require requests for additional data or clarification by the medical staff review team.

"For some reason, the system won't let me submit a request. Why?"

Our provider portal has been enhanced to validate specific data prior to submission. If the data fails validation, the request will not submit. The following is subject to validation:

- *Member eligibility (active / inactive)*
- *Eligibility status for the dates of service requested*
- *Provider eligibility (active / inactive)*
- *Member age at the time the service is requested (must be between 21 - 64)*

"My patient is 18 years old. How do I get a prior authorization?"

One is not required for that patient. Prior authorization for CT and PET Scan procedures is not required for members less than 21 and greater than 64 years of age.

"I notice that some procedures have questions pop-up and some don't. Why?"

Included in our portal enhancements are business rules to expedite authorizations for some procedure codes / groups under very specific circumstances. Any questions that display require your input ('Yes' or 'No') to complete the request. Some procedure codes / groups do not have individualized questions.

"Can I get an email when my request is complete?"

Email functionality is not available at this time. Please check the Provider Portal periodically to check the status of your request(s). All requests generate Determination Letters that are mailed to the provider(s) and member when the authorization process is concluded.