

Frequently Asked Questions Radiology Management Program

Neighborhood Health Plan of Rhode Island (Neighborhood) has implemented a prior authorization program with MedSolutions. This will include clinical reviews, rendering of determinations, and processing of approval or denial decisions.

1. When will the program become be effective?

This will become effective for dates of service beginning May 1, 2010. MedSolutions will accept authorization requests by web, phone, and fax on April 26, 2010.

2. Which high-tech outpatient diagnostic imaging procedures require prior authorization?

Prior authorization is required for the following outpatient diagnostic imaging procedures:

- CT
- MR
- PET
- Nuclear Cardiology Medicine
- Myocardial Perfusion Imaging

A list of included studies may be found at:

<http://www.medsolutions.com/implementation/nhpri>

3. Is prior authorization required for inpatient or emergency situations?

No. It is not necessary to contact MedSolutions to preauthorize any imaging procedure performed during an inpatient stay, 23 hour observation or testing done in the emergency room.

4. Which recipients are affected by this change?

All Neighborhood Health Plan of Rhode Island Medicaid members, except Extended Family Planning (EFP) members (Group Numbers 1400 and 1450), are included in the radiology program.

5. How does the MedSolutions prior authorization program work?

For routine authorization requests, the ordering or rendering physician should contact MedSolutions with the required medical information **prior to the procedure being scheduled and performed, but no later than three business days after the procedure is performed**. The request will be immediately approved or additional information will be requested. Upon receipt of this information, MedSolutions will render a decision within two (2) business days or as required by Federal or State regulations.

6. How can I submit prior authorization requests to MedSolutions?

You can submit prior authorization requests to MedSolutions for outpatient diagnostic imaging procedures by phone at 1-888-693-3211 or by fax at 1-888-693-3210 during

normal business hours 8:00 AM to 9:00 PM ET. You can also submit them through MedSolutions' secure website at www.MedSolutionsOnline.com.

The MedSolutions web portal may provide you with an immediate approval depending on the type of service requested. The portal also has helpful radiology reference information for your office such as a complete CPT code list, diagnostic code list, and specific guidelines to assist you in determining the most appropriate imaging for your patient's condition. In addition to these benefits, the MedSolutions portal offers you:

- Convenience - requestors have 24/7 access to submit cases or check on the status of your request,
- Speed - requests submitted online require half of the time (or less) as those taken telephonically
- Efficiency – medical documentation can be attached to case on initial submission reducing follow-up calls and consultation.
- Real Time Access - requestors can see real-time status of an authorization request
- Patient History - requestors can see all cases for a member

7. What is MedSolutions' response time?

In many cases, especially when the caller requesting the review has sufficient clinical documentation, the request can be preauthorized during the first phone call. In general, approximately 60-65 percent of all requests are approved during the initial contact.

In certain cases, the review process can take longer if additional clinical information not supplied during the request is required to make a determination. The best way to increase the possibility of having a request approved at the time of the first call is to have knowledge of the case including:

- The patient's name & address and patient ID.
- Prior tests, lab work and/or imaging performed related to this diagnosis
- Notes from the patient's last visit related to the diagnosis
- Type and duration of treatment performed to date for the diagnosis
- The patient's history and diagnosis
- Reason for study
- Results of previous imaging studies, and
- History of medical or surgical treatment.

8. Where can I obtain a copy of the clinical guideline used in my case?

You may contact MedSolutions to request a copy of the specific guideline used in your case. All MedSolutions guidelines are available at www.MedSolutionsOnline.com.

9. Can MedSolutions handle multiple requests for prior authorization per phone call?

Yes, within reason. We ask that no more than 10 prior authorization requests be given during a single phone call. You may prefer the convenience of the web, available 24/7 for batching prior authorization requests (www.medsolutionsonline.com).

10. Are physicians required to obtain prior authorization before they call to schedule an appointment?

Physicians should always obtain prior authorization before scheduling the patient.

11. What if my office has an urgent request?

If there is a clinically urgent need for testing, the order physician/office must call MedSolutions with the required medical information prior to the procedure being scheduled and performed. The ordering physician should attest to MedSolutions that this is a **clinically urgent request**. If the required information is submitted and meets the criteria, the request will be immediately approved. If additional information is requested, MedSolutions will inform the provider. Once the clinical information is received, MedSolutions has 4 hours to complete the request.

12. What if my office staff forgets to call MedSolutions and then goes ahead to schedule an imaging procedure requiring prior authorization?

For routine authorization requests, the physician should contact MedSolutions with the required medical information prior to the procedure being scheduled and performed, but no later than three business days after the procedure is performed. **Any service requested greater than *three business days* after the date the service is rendered will not be reviewed. Claims for those services will be administratively denied by Neighborhood for lack of authorization and members may not be billed for services rendered.**

MedSolutions recommends that the ordering physician obtain prior authorization, as they have access to the clinical information necessary for MedSolutions to issue an authorization. However, MedSolutions will accept authorizations from either the ordering or rendering provider. Providers or facilities rendering included studies should verify that the ordering physician has obtained the necessary prior authorization prior to scheduling.

13. Is there an appeal process for administrative denials?

Administrative appeals will be considered under the following circumstances:

- Coordination of Benefits
- Retroactive eligibility as determined by DHS
- Non participating providers
- Medicare/Medicaid retractions (patient covered under government programs at the time of service become Neighborhood members retroactively)

Appeals requests, including documentation of the above, should be sent to:

Neighborhood Health Plan of Rhode Island
ATTN: Appeals Coordinator
299 Promenade Street
Providence, RI 02908

14. How long is a prior authorization number valid?

The prior authorization is valid for 90 days from the date of request.

15. What does an authorization number look like?

The prior authorization number starts with an N, followed by a 7-digit number (e.g. N1234567).

16. Is it required to place the authorization number on the claim?

Yes, the authorization number should be on the claim submitted to Neighborhood for payment.

17. If a rural hospital only has a mobile MRI available to the facility on Tuesday and Thursday, and a patient comes into the ER on Saturday, can the ER physician write an order for an MRI to be taken on Tuesday and have it considered an emergency and bypass prior authorization?

It is not an emergency if the patient can wait until Tuesday. If the situation truly is emergent, the ordering physician should have the patient transferred immediately to a hospital that has MRI equipment.

18. What happens if a patient is preauthorized for a CT of the abdomen, and the radiologist or rendering physician feels an additional study of the pelvis is needed?

The radiologist or rendering physician should contact MedSolutions to submit a radiology report and seek authorization for the added study, within one business day after the service is rendered. As a matter of courtesy and appropriate medical procedure, the radiologist or designated person from the radiology facility should also notify the patient's referring physician of the additional test.

19. What happens if a patient is authorized for a CT without and with contrast but the radiologist determines that the contrast is not necessary?

The facility or the referring physician's office staff may email the authorization number and CPT "down-code" change to AuthChange@MedSolutions.com prior to the claim being filed, within one business day after the service is rendered.

20. If MedSolutions denies prior authorization of an imaging study, do I have the option to appeal the decision?

The physician requesting the authorization or the member affected can appeal to MedSolutions, including both internal and external appeals routes, and ultimately through the Fair Hearing process with the Rhode Island Department of Human Services, if necessary.

Physicians are always welcome to have a peer-to-peer discussion with a MedSolutions physician about any decision by calling MedSolutions at 1-888-693-3211, during normal business hours, or as required by Federal or State regulations.

21. Whom should I contact with questions about the Radiology Management Program?

If you have additional questions about the radiology management program, please contact MedSolutions at 1-888-693-3211.