

Frequently Asked Questions Radiology Management Program

Health Partners has partnered with MedSolutions to provide prior authorization review of select high-tech outpatient elective diagnostic imaging procedures for Health Partners members.

1. When did the program start?

Prior authorization for nuclear cardiology and cardiology services became effective for services performed on or after March 1, 2012. For other services listed below, this program became effective for services performed on or after January 4, 2010. MedSolutions accepts authorization requests by web, phone and fax.

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

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

- CT
- MRI
- PET
- Nuclear cardiology imaging
- Stress echoes
- Transthoracic echoes

Prior authorization is NOT required for the following outpatient diagnostic imaging procedures:

- Ultrasounds (excluding transthoracic echoes and stress echoes)
- Low-tech radiology studies (such as chest x-rays)

3. Is prior authorization required for studies performed in inpatient or emergency room settings?

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

4. What members are affected by this change?

All Health Partners Medicaid and KidzPartners CHIP members are affected by this change.

5. How does the MedSolutions prior authorization program work?

For routine prior authorization requests, the ordering physician should contact MedSolutions with the required medical information prior to the procedure being scheduled and performed. The request will be immediately approved or additional information will be requested. Upon receipt of this information, MedSolutions will render a decision within 2 business days or as required by 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 888-693-3211 or by fax at 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 their request
- Speed - requests submitted online require half of the time (or less) as those made telephonically
- Efficiency – medical documentation can be attached to the 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 and address and member ID
- The patient's history and diagnosis
- 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
- Reason for study
- Results of previous imaging studies
- 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?

Except in an emergency, 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 ordering 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. The request will be immediately approved or additional information will be requested. MedSolutions will turn clinically urgent requests around within one business hour, or as required by State regulations.

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

It is important to notify office staff and educate them about this new policy. **It is the responsibility of the ordering physician to obtain prior authorization.** Providers rendering these studies should verify that the ordering physician has obtained the necessary prior authorization prior to scheduling. **Failure to do so may result in non-payment of your claim, and Health Partners members must be held harmless.**

13. How long is a prior authorization number valid?

The prior authorization is valid for 30 days from the date of issue.

14. What does an authorization number look like?

The prior authorization number is an 8-digit alphanumeric (e.g. A1234567).

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

No. You do not need to enter the authorization number on the claim form or via the electronic transaction. It is highly recommended, however, that imaging providers document and archive imaging prior authorization numbers.

16. If a facility only has limited MRI availability, can imaging be delayed and still be treated as an emergency? For example, if 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 a few days for the study. If the situation truly is emergent, the ordering physician should have the patient transferred immediately to a hospital that has MRI equipment.

17. 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. 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 about the additional test.

18. 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.

19. How are procedures that do not require MedSolutions' prior authorization handled?

Procedures which **do not** require prior authorization should be processed via the current claims submission process. For a list of procedures **included** in the program please see the Providers area at www.healthpart.com.

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

Prior to a decision to deny a prior authorization request, the MedSolutions Provider Response Unit (PRU) will contact the ordering physician and offer a peer-to-peer conversation, so that MedSolutions and referring physicians can discuss the clinical indications of the case and decide the appropriate imaging for the patient. If MedSolutions still makes the decision to deny the request at the end of this conversation, the ordering physician can request a first level formal appeal through MedSolutions.

Physicians are always welcome to have a peer-to-peer discussion with a MedSolutions physician about any decision by calling MedSolutions at 888-693-3211 during normal business hours.

Important! Health Partners retains responsibility for member complaints and grievances; there will be no change from how these are currently handled. Member appeal rights are provided to the member in the decision notification.

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 888-693-3211 or Health Partners' Provider Services Helpline at 888-991-9023 or 215-991-4350.