Tips for Submitting Prior Authorization Requests for Imaging Studies

Please be sure to include all pertinent signs/symptoms and history when requesting your prior authorization. Please see the examples below:

**Signs/Symptoms and Pertinent History**

- Pain, swelling, fever, nausea, headache, difficulty walking, numbness, can’t lift arm over head, drainage, redness, etc.
- Precipitating event(s) for example: fell 1 week ago, Pain for 3 months, Headaches have gotten worse in last month etc.
- Pertinent History
- Underlying conditions and diseases for example: cancer, Multiple Sclerosis, arthritis, diabetes, hypertension, heart disease etc.

**Test results**

- Results of x-rays, ultrasounds, CT, MRI, PET, nuclear medicine etc.
- Lab work such as urinalysis and blood tests etc.

**Treatment**

- Indicate what lab work has been completed and submit abnormal results
- Or what specifically was seen on x-ray, CT, etc.
- Decreased range of motion (ROM)
- Tenderness RLQ
- Hearing loss in one ear
- Positive McMurray’s sign
- Unsteady gait

*What the physician thinks is wrong, i.e., reason for ordering the scan*

**For Imaging Studies for Cancer Treatment/Care:**

- Include Location and Stage
- Any known metastatic sites (liver, brain, lungs, etc.)
- Any new or worsening symptoms
- Any elevation of lab tests for cancer (CEA, CA-125)
List of Service Codes

<table>
<thead>
<tr>
<th>Non-Traditional Programs</th>
<th>Service Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Psychiatric Services</td>
<td>0050</td>
</tr>
<tr>
<td>Outpatient Substance Abuse Services</td>
<td>0051</td>
</tr>
<tr>
<td>Intensive In-Home Services (IIH)</td>
<td>0650</td>
</tr>
<tr>
<td>Residential Psychiatric Treatment Care</td>
<td></td>
</tr>
<tr>
<td>Level A (Group Homes A)</td>
<td>0752</td>
</tr>
<tr>
<td>Level B (Group Homes B)</td>
<td>0753</td>
</tr>
<tr>
<td>Level C (RTC-CSA)</td>
<td>0750</td>
</tr>
<tr>
<td>Level C (RTC NON-CSA)</td>
<td>0751</td>
</tr>
<tr>
<td>Treatment Foster Care Case Management Services (TFC-CM)</td>
<td>0700</td>
</tr>
<tr>
<td>Children's Mental Health Program</td>
<td>0970</td>
</tr>
<tr>
<td>Individuals and Family Developmental Disabilities (DD) Waiver</td>
<td>0902</td>
</tr>
<tr>
<td>Technology Assisted (Tech) Waiver</td>
<td>0960</td>
</tr>
<tr>
<td>Elderly Case Management (ECM)</td>
<td>0625</td>
</tr>
<tr>
<td>Elderly or Disabled with Consumer Direction Waiver (EDCD)</td>
<td>0900</td>
</tr>
<tr>
<td>HIV/AIDS Waiver</td>
<td>0920</td>
</tr>
<tr>
<td>Money Follows the Person (MFP)</td>
<td>0909</td>
</tr>
</tbody>
</table>

Tips for Submitting Prior Authorization Requests for Imaging Services

(continued from page 1)

Common Pitfalls for Imaging PA Requests
Submitted request with incorrect CPT codes. Examples:

- CT Chest requested but code is for CTA Chest
- MRI Brain requested but code is for CT Brain

Submitted request with incorrect Service Type – incorrect type chosen or combining two different types in one case.

Reminders:
An urgent imaging scan must be reported within 24 hours or next business day.

Check it Out
The following questionnaires have been added to iEXCHANGE:
- Level A and B
- EDCD Waiver Services.

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Tips for Submitting an Inpatient Rehabilitative Services Initial Prior Authorization

Please include the following clinical information:

- DX or date of illness/injury/surgery. If not within 30 days of admission, reason required.
- Impairment as a result of diagnosis – (ADL impairment, Speech, Cognitive, Swallowing impairments, and physical, occupation, or other speech impairments)
- List comorbidities
- Must be clinically stable for 24 hours or more (labs & vital signs prior to transfer/admission)
- Ability to sit supported for 1 hour or more per day
- Ability to follow commands either verbally or visually
- Activity level in the community/home prior to admission
- Patient participation in evaluations by therapists prior to admission
- Rehab potential
- Services to be utilized while in therapy – PT, OT, SLP (includes hours per day/week)
- Physician involvement for assessment/intervention (number of visits per week)
- Specialized equipment that will be used by patient while in rehab
- Rehabilitation nursing available 24 hours per day and services provided: medication administration, pain/spasm control, bowel and bladder retraining, wound care, PEG tube feedings, suctioning, oversight of oxygen administration, stump care, wound care, trache care, etc.
- Care coordination and discharge planning begins on date of admission
- Indicate completed skilled therapy evaluations with long term goals. Evaluations must be completed within 72 hours of admission with full patient participation in evaluations indicated
- Plans of care by therapist must be initiated within 72 hours of admission
- Weekly team meetings held
- Patient’s ability to tolerate 3 hours of therapy per day for a minimum of 5 days per week.

Also Remember:

- Planned/scheduled admissions must be submitted within 72 hours of admission
- If received after this time frame, days submitted untimely will be denied. Days from the date of submission will be reviewed.
- Number of days that can be requested for review:
  - 7 initially
  - 14 for concurrent can be requested
  - DX of Spinal Cord Injury and/or Traumatic Brain Injury: provider can request 21 initially and up to 21 days for concurrent review.

Please remember to notify KePRO of a patient’s discharge to any program.

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<tr>
<td>Inpatient Hospital Medical Surgical Services</td>
<td>0400</td>
</tr>
<tr>
<td>Inpatient Psychiatric Freestanding Services</td>
<td>0401</td>
</tr>
<tr>
<td>Early &amp; Periodic Screening, Diagnosis &amp; Treatment (EPSDT)/Inpatient Free Standing Psychiatric</td>
<td>0093 (INPSY)</td>
</tr>
<tr>
<td>Intensive Inpatient Rehabilitation Services and Comprehensive Outpatient Rehabilitation Facility Services (CORSF)</td>
<td>0200</td>
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<tr>
<td></td>
<td>0201</td>
</tr>
<tr>
<td>Outpatient Services Durable Medical Equipment (DME) and Supplies/Orthotics</td>
<td>0100</td>
</tr>
<tr>
<td></td>
<td>0092 (EPSDT Orthotics)</td>
</tr>
</tbody>
</table>

| Outpatient Services Home Health | 0500 |
| Outpatient Rehabilitation Services | 0204 |
| Outpatient MRI Scans | 0450 |
| Outpatient CAT Scans | 0451 |
| Outpatient PET Scans | 0452 |

Questions?
Call KePRO at 888.827.2884