



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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PHYSICIAN BULLETIN RADIOLOGY

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PRE-CERTIFICATION PROCESS FOR RADIOLOGICAL SERVICES

The Missouri Division of Medical Services (DMS) is implementing a new pre-certification process for radiological services to serve as a utilization management tool, allowing payment for services that are medically necessary, appropriate and cost-effective without compromising the quality of care to Missouri Medicaid recipients. Effective for dates of service on or after July 17, 2006, the radiological services listed below will require pre-certification for all Medicaid recipients unless provided in an inpatient hospital or emergency room setting.

Please continue to monitor the Division of Medicaid Services' (DMS) Web site at www.dss.missouri.gov/dms for updates on this process, as additional services requiring pre-certification will be added.

Procedure Codes that Require pre-certification effective July 17, 2006 are:

- 71250 Computed tomography, thorax; without contrast material
- 71260 Computed tomography, thorax; with contrast material(s)
- 71270 Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections

- 71275 Computed tomographic angiography, chest, without contrast material(s), followed by contrast material(s) and further sections, including image post-processing.
- 71550 Magnetic resonance (eg, proton) imaging, chest; (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
- 71551 Magnetic resonance (eg, proton) imaging, chest; (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
- 71552 Magnetic resonance (eg, proton) imaging, chest; (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
- 71555 Magnetic resonance angiography, chest (excluding myocardium) with or without contrast material(s)

INITIATING PRE-CERTIFICATION REQUESTS

All requests must be initiated by an enrolled Medicaid provider and approved by DMS. Before initiating a request, providers are encouraged to sign up for the new Medicaid Web tool – **CyberAccess** – which automates the pre-certification process. To become a CyberAccess user, **contact the ACS Heritage help desk at 1-888-581-9797 or 573-632-9797, or send an E-mail to MoMedCyberaccess@heritage-info.com**. The CyberAccess tool allows each pre-certification to automatically reference the individual recipient's claim history, including ICD-9 diagnosis codes and CPT procedure codes. Requests for pre-certification will also be taken by the Medicaid call center at 800-392-8030 option 2. Requests must meet medical criteria established by the Division of Medical Services in order to be approved. Please reference the attached Clinical Edit Criteria. This document will also be posted on the Missouri Medicaid Web site located at www.dss.missouri.gov/dms for future reference.

If a pre-certification request submitted through CyberAccess is denied, providers may click on the box to have a Medicaid call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify recipient eligibility on the date of service using the Interactive Voice Response (IVR) System at (573)635-8908 or by logging on to the DMS Web site at www.emomed.com.

PRE-CERTIFICATION TIME FRAME

Approved services/procedures must be performed within six (6) months of the date the approval was issued. Services performed after the six (6) month approval period will be denied.

RECIPIENT APPEAL RIGHTS

When a pre-certification request is denied, the recipient will receive a letter which outlines the reason for the denial and the procedure for appeal. A State Fair Hearing may be requested by the recipient, in writing, to the Division of Medical Services, Recipient Services Unit (RSU), P.O. Box 6500, Jefferson City, MO 65102-3535. The Recipient Services Unit may also be called toll free at (800)392-2161 or (573)751-6527 at the caller's expense. The recipient must contact RSU within 90 days of the date of the denial letter if they wish to request a hearing. After 90 days, requests to appeal are denied.

Provider Bulletins are available on the DMS Web site at <http://dss.mo.gov/dms/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Web site at <http://dss.missouri.gov/dms/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

**Provider Communications Hotline
573-751-2896**