



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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PHYSICIAN BULLETIN RADIOLOGY

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PRE-CERTIFICATION IMPLEMENTATION FOR RADIOLOGICAL SERVICES

The Missouri Division of Medical Services (DMS) is implementing a pre-certification for additional radiological services beginning June 12, 2007. Pre-certification serves 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 June 12, 2007, the radiological services listed below will require pre-certification for all Medicaid recipients unless provided in an inpatient hospital or emergency room setting.

Beginning June 12, 2007, the Division of Medical Services will implement pre-certification for the following radiological procedures:

CT OF HEAD OR BRAIN

- 70450 Computed tomography, head or brain; without contrast material
- 70460 Computed tomography, head or brain; with contrast material(s)
- 70470 Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections

MRI OF HEAD OR BRAIN

- 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material
- 70552 Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)
- 70553 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material(s), followed by contrast material(s) and further sections

Criteria for pre-certification and the implementation schedule for additional codes will be posted on the DMS Web site: <http://dss.missouri.gov/dms/cs/medprecert/pages/medprecert.htm>
Providers should frequently reference this site for updates

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 – **CyberAccessSM** – which automates the pre-certification process. To become a CyberAccessSM 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 CyberAccessSM 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. In order to be approved, requests must meet medical criteria established by the DMS. Please reference the attached clinical edit criteria. These documents will also be posted on the Missouri Medicaid Web Site at <http://dss.missouri.gov/dms/cs/medprecert/pages/medprecert.htm>.

If a pre-certification request submitted through CyberAccessSM 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 Medicaid Billing Web site at <http://www.emomed.com>.

PRE-CERTIFICATION APPROVAL TIME FRAME

All radiological pre-certifications will be issued for a 14-day period. Approved procedures must be performed within 14 days from the date for which the approval is issued. This approval time frame applies to all radiological procedures which require pre-certification.

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. The State Fair Hearings Process may be requested by the recipient, in writing, to the Division of Medical Services, Recipient Services Unit (RSU), P.O. Box 3535, Jefferson City, MO 65102-3535. The Recipient Services Unit may also be called toll free at 1-800-392-2161 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**