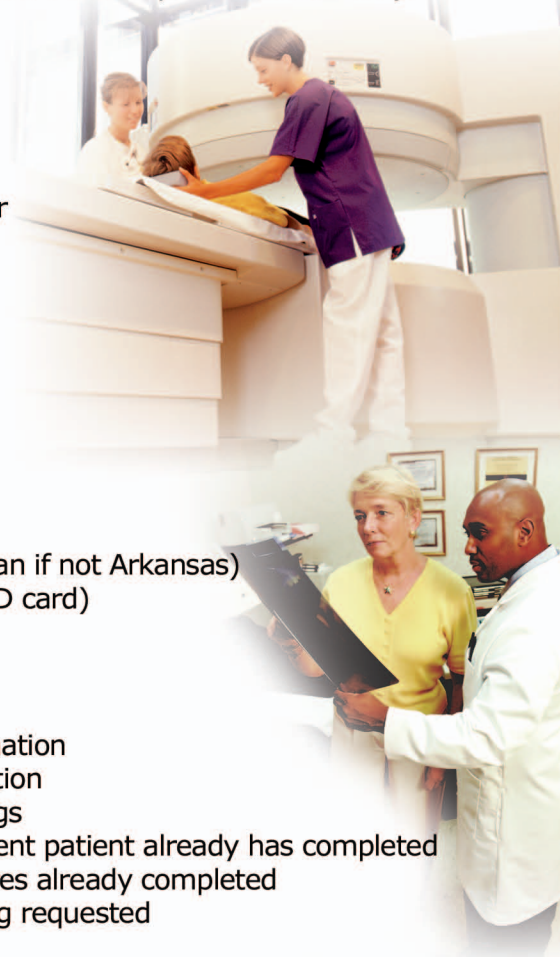


# Arkansas Blue Cross and Blue Shield RADIOLOGY MANAGEMENT REMINDERS

Arkansas Blue Cross and Blue Shield and Health Advantage have been working diligently to simplify and expedite the process for our physicians and their staffs regarding the Prior Authorization Program for outpatient diagnostic imaging procedures. In addition to telephonic authorizations, **providers may request an authorization online at [www.RadMD.com/Signup](http://www.RadMD.com/Signup).**

Based on feedback from our providers, following are tips to remember:

- DO** secure prior authorization on these outpatient services (a separate auth number is required for each procedure ordered):
  - CT Scan
  - Nuclear Cardiology
  - MRI/MRA
  - PET Scan
- Prior authorization is **NOT** required in these instances:
  - Emergency room procedures
  - Observation bed stay (in a hospital)
  - Inpatient imaging procedures
- The **ordering physician is responsible for obtaining the prior authorization** number for the study requested. Patient symptoms, past clinical history and prior treatment information will be requested and should be available at the time of the call.
- Prior authorization **IS necessary** for:
  - Arkansas Blue Cross (Arkansas' FirstSource PPO, True Blue PPO and Arkansas Blue Cross PPP)
  - Health Advantage
  - BlueAdvantage Administrators of Arkansas (group-by-group basis; indicated on ID card)
- Prior authorization is **NOT necessary** for:
  - Medi-Pak
  - Medi-Pak Advantage
  - Federal Employee Program (FEP)
  - Access Only
  - AR Health if Medicare is primary
  - BlueCard (please check with home plan if not Arkansas)
  - BlueAdvantage (unless indicated on ID card)
- Please have this **required information** available when calling:
  - Name and office telephone number of ordering physician
  - Member name and ID number
  - Name and street address of provider office or facility where the service will be performed
  - Anticipated date of service (if known)
  - Requested Examination and (if possible) ICD9 Code
  - Details justifying examination
    - Symptoms and duration
    - Physical exam findings
    - Conservative treatment patient already has completed
    - Preliminary procedures already completed
    - Reason study is being requested
- Prior authorization **does not guarantee payment** if the procedure is not covered under the patient's coverage policy. Please check the member's eligibility and benefit-plan provisions.
- An ordering office **CAN** request an **expedited authorization** (by telephone only) to a nurse clinical reviewer (level 2) if the test requested is urgent and the appropriate clinicians are available to answer additional clinical questions. Please remember that the initial intake information is necessary to determine member eligibility and to process the request.
- When awaiting an **NIA peer approval**, please do not call your doctor out of an exam room until the NIA physician is on the line.
- A Prior Authorization can be requested after a procedure has been performed; however, the authorization must be obtained within five (5) days from the date of the procedure and prior to the claim being submitted for processing. Prior Authorizations obtained after a claim has been denied for no prior approval are not valid. The claim will not be adjusted for payment in this situation.
- Always refer** to the "Radiology Management Reference Guide" (dated February 2006) and the Clinical Guidelines (available at [www.RadMD.com](http://www.RadMD.com)) for complete guidelines for the prior authorization process.



**[www.RadMD.com](http://www.RadMD.com)**

(for online authorizations and to check authorization status)

**Radiology Prior Authorization Call Center**

7 a.m. to 7 p.m. (CST)  
1-877-642-0722 (toll free)

Check authorization status 24/7  
through the call center's  
**Interactive Voice  
Response (IVR) System**