

Frequently Asked Questions about the New Radiology Prior Authorization Form

Question 1: When I submit the prior authorization request or an information update to an existing request, how long will it take to receive a response?

Answer: If the prior authorization or information update is requested by telephone, the authorization may be granted immediately. If it is submitted by mail or fax, the response time will be no more than three business days.

Question 2: If an urgent or emergent service is rendered in a place of service other than the emergency room setting, how much time do I have to submit a retroactive prior authorization request?

Answer: Providers can submit the prior authorization request for retroactive consideration up to seven calendar days of the date of service. The retroactive prior authorization request must be received by the Texas Medicaid & Healthcare Partnership (TMHP) within seven calendar days to be considered for processing.

Question 3: A referring provider orders a test and obtains the prior authorization; however, a radiologist determines that additional or different procedures are medically indicated at the time of testing. What process is necessary for these additional services to be considered?

Answer: The Radiology Prior Authorization Form has been amended to include signature lines in sections one and two. The referring provider completes the top section, provides an original signature, submits the prior authorization, and maintains a hard copy in the patient's medical record. If the radiologist later determines that additional testing is medically indicated (as outlined in the scenario), the emergent/urgent guidelines should be followed. The radiologist must complete the bottom portion of the Radiology Prior Authorization Form (Section 2), provide an original signature, submit the request within seven calendar days of the date of service, and maintain a hard copy in the patient's medical record. The prior authorization request would then be reviewed for medical necessity and be approved, denied, or modified.

Question 4: In situations where the referring physician is not a Medicaid-enrolled provider, such as a resident in a teaching facility, Federally Qualified Health Clinic, or Rural Health Clinic, how should the "Requesting/Referring Physician Medicaid No." field of the Radiology Prior Authorization Form be completed?

Answer: The referring provider should sign the Radiology Prior Authorization Form and use the group or supervising provider's Texas Provider Identifier (TPI).

Question 5: Some referring providers use a form from their own organization called a Radiology Facility Ordering Form, and send it along with the patient to the radiology facility. The radiology facility would then use that form to request the necessary prior authorization; how will this work with the new process and form?

Answer: The referring provider must provide a completed, signed, and dated copy of TMHP's Radiology Prior Authorization Form along with the Radiology Facility Ordering Form that is used for submission to the radiology facility. The referring provider must maintain a hard copy in the patient's file. The radiology facility submits the Radiology Prior Authorization Form to TMHP and maintains a hard copy in the patient's file. If the radiologist determines that a different test or additional tests are medically indicated at

the time of testing, they should follow the process in Question 3 before submitting the form to TMHP.

Question 6: Some facilities and providers currently receive the Radiology Prior Authorization Form electronically from the referring physician; how does that impact the original signature requirement?

Answer: The requesting/referring provider must print a copy of the Radiology Prior Authorization Form, provide an original signature, and place it in the patient's medical record. Should the radiologist determine that different or additional tests or procedures are medically indicated, they should follow the process in Question 3.

Question 7: Can I have the referring provider sign and date the Radiology Prior Authorization Form after the service has been completed?

Answer: The referring provider is required to sign and date the Radiology Prior Authorization Form before making the request. Signatures must be original and handwritten. The signed and dated hard copies must be kept in the patient's record.

Question 8: Is an authorization for imaging studies needed if the client uses Medicare as the primary coverage?

Answer: No. For qualified Medicare beneficiaries, TMHP will process for co-insurance and deductible on Medicare payable services. For Medicaid qualified Medicare beneficiaries, TMHP initially will deny the claim but then will reprocess denied claims on a quarterly basis and consider claims submitted with the imaging study procedure codes for payment.

Question 9: The client was seen in the emergency room (ER) and the ER physician ordered the test, then the patient was admitted to 23-hour observation. Should the authorization be submitted retrospectively?

Answer: A retrospective authorization is not required; the test would be billed under the ER charge, which does not require authorization.

Question 10: The client was seen in the ER and the ER physician ordered the test, then the patient was admitted to 23-hour observation, but now the patient is being admitted to the hospital. How should this be handled?

Answer: A retrospective authorization is not required; if the test is billed under ER, no authorization required. Inpatient admission also does not require authorization for the test.