

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.

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- 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

Treatments

- Conservative Treatments & Surgery
- Medications – NSAIDs, pain medications, antibiotics
- Rest, physical therapy, injections
- Previous back surgery, hernia repair, etc.
- Length of treatment and when surgery was done is required
- Findings of physical exam by physician
 - Weakness, loss of sensation to extremities

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)

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List of Service Codes

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

Tips for Submitting Prior Authorization Requests for Imaging Services

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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.



2810 North Parham Road, Suite 305

Richmond, VA 23294

Toll-free: 888.827.2884

Tel: 804.622.8900

Fax: 877.652.9329

<https://dmas.kepro.org>



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.

Questions?

Call KePRO at

888.827.2884

List of Service Codes

Traditional Programs	Service Type
Inpatient Hospital Medical Surgical Services	0400
Inpatient Psychiatric Freestanding Services	0401
Early & Periodic Screening, Diagnosis & Treatment (EPSDT)/Inpatient Free Standing Psychiatric	0093 (INPSY)
Intensive Inpatient Rehabilitation Services and Comprehensive Outpatient Rehabilitation Facility Services (CORF)	0200 0201
Outpatient Services Durable Medical Equipment (DME) and Supplies/Orthotics	0100 0092 (EPSDT Orthotics)
Outpatient Services Home Health	0500
Outpatient Rehabilitation Services	0204
Outpatient MRI Scans	0450
Outpatient CAT Scans	0451
Outpatient PET Scans	0452