



Update

June 2013

No. 2013-31

Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Ambulatory Surgery Centers, Audiologists, Chiropractors, Dentists, End-Stage Renal Disease Service Providers, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, HealthCheck “Other Services” Providers, Hospital Providers, Nurse Midwives, Nurse Practitioners, Occupational Therapists, Physical Therapists, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Portable X-ray Providers, Rehabilitation Agencies, Rural Health Clinics, Speech and Hearing Clinics, Speech-Language Pathologists, Therapy Groups, HMOs and Other Managed Care Programs

Requesting Exemption from Prior Authorization Requirements for Advanced Imaging Services

Beginning May 1, 2013, health systems, groups, and individual providers that order computed tomography (CT) and magnetic resonance (MR) imaging services and have implemented advanced imaging decision support tools may request an exemption from the prior authorization (PA) requirements for these services. Upon approval, ForwardHealth will recognize a provider’s advanced imaging decision support tool (e.g., ACR Select, Medicalis) as an alternative to the current PA requirements for CT and MR imaging services.

Providers Ordering Computed Tomography and Magnetic Resonance Imaging Services

Beginning May 1, 2013, health systems, groups, and individual providers (referred to hereafter as “requesting providers”) who order computed tomography (CT) and magnetic resonance (MR) imaging services and have implemented advanced imaging decision support tools may request an exemption from prior authorization (PA) requirements for these services from ForwardHealth. Upon approval, ForwardHealth will recognize the requesting provider’s advanced imaging decision support tool (e.g., ACR Select, Medicalis) as an alternative to current PA requirements for CT and MR imaging services. Requesting providers with an approved tool will *not* be required to obtain

PA through MedSolutions, the private radiology benefits manager authorized to administer PA for advanced imaging services on behalf of ForwardHealth, for these services when ordered for Medicaid and BadgerCare Plus fee-for-service members.

Prior authorization for advanced imaging services performed in an outpatient hospital or non-hospital setting (e.g., radiology clinic) was initially required by ForwardHealth for dates of service (DOS) on and after December 6, 2010 (refer to the October 2010 *ForwardHealth Update* [2010-92], titled “New Prior Authorization Requirements for Advanced Imaging Services,” for more information). Providers who do not obtain an exemption from PA requirements for CT and MR imaging services are required to continue requesting PA through MedSolutions as outlined in *Update* 2010-92.

Note: It is the ordering provider’s responsibility to communicate PA status (whether the provider is exempt from PA requirements or PA has been obtained through MedSolutions) to the rendering provider at the time of the request for advanced imaging services.

Exemption from Prior Authorization Requirements Not Available for Positron Emission Tomography

Decision support for positron emission tomography (PET) is not available in all advanced imaging decision support tools. Therefore, PET will not be eligible to be exempted from PA requirements at this time. ForwardHealth may review its policies and requirements in response to any future developments in decision support tools, including the addition of PET decision support tools to the PA exemption.

Process for Obtaining an Exemption from Prior Authorization Requirements

Requesting providers with advanced imaging decision support tools in place may request exemption from PA requirements for CT and MR imaging services using the following process:

1. Complete a Prior Authorization Requirements Exemption Request for Computed Tomography (CT) and Magnetic Resonance (MR) Imaging Services, F-00787 (05/13), and agree to its terms. A copy of the form is located in the Attachment of this *Update*.
2. Submit the completed Prior Authorization Requirements Exemption Request for CT and MR Imaging Services to the mailing address or e-mail address listed on the form. Once received, ForwardHealth will review the exemption request materials, approve or deny the request, and send a decision letter to the requesting provider within 60 days after receipt of all necessary documentation. ForwardHealth will contact the requesting provider if any additional information is required for the application.
3. If the exemption request is approved, submit a list of all individual providers who order CT and MR scans using the requesting provider's decision support tool. Exemptions are verified using the National Provider Identifier (NPI) of the individual ordering provider; therefore, requesting providers should submit a complete list of all individual ordering providers within the requesting provider's group to ForwardHealth. Lists

may be submitted via e-mail to
DHSPAExemption@wisconsin.gov.

Process for Maintaining an Exemption from Prior Authorization Requirements

To maintain exemption from PA requirements for advanced imaging services, the requesting provider is required to report the following outcome measures to ForwardHealth for the previous full six-month interval (January 1 through June 30 and July 1 through December 31) by July 31 and January 31 of each year:

- Aggregate score for all ordering providers that measures consistency with system recommendations based on the reporting standards described in more detail in Section III of the Prior Authorization Requirements Exemption Request for CT and MR Imaging Services form.
- Subset scores, grouped by primary and specialty care.
- Aggregate outcome measures identified in the quality improvement plan, which is outlined in the Attachment.

ForwardHealth will work with requesting providers to determine the most appropriate quality metrics. All requesting providers will need to provide similar data based on their reporting capabilities. This information should be submitted by the July 31 and January 31 deadlines to the DHSPAExemption@wisconsin.gov e-mail address.

Refer to the Prior Authorization Requirements Exemption Request for CT and MR Imaging Services form for more detailed information. Providers with questions regarding the requirements in this section may e-mail them to DHSPAExemption@wisconsin.gov. If a requesting provider's quality improvement plan changes over time, any additional information identified in the plan must also be reported to this e-mail address.

ForwardHealth may discontinue an exemption after initial approval if it determines the requesting provider either no longer meets the requirements outlined previously or does not demonstrate meaningful use of decision support to minimize inappropriate utilization of CT and MR imaging services.

Updating the List of Eligible Providers

The requesting provider is required to maintain the list of individual ordering providers eligible for the exemption. The requesting provider will have two mechanisms for updating the list of individual ordering providers eligible for the exemption: individual entry of provider NPIs or uploading a larger, preformatted [text file](#).

The requesting provider may enter individual NPIs using the [Prior Authorization Exempted link under the Quick Links box on the secure Provider area](#) of the Portal.

For larger lists of individual ordering providers eligible for exemption, requesting providers should upload a [text file](#) to the Portal that includes the following information for each individual ordering provider: provider NPI, the provider's start date for exemption, and the provider's end date for exemption, if applicable. All submitted NPIs will be matched to the ForwardHealth provider file. ForwardHealth will notify the requesting provider monthly, using the e-mail contact indicated on the exemption application form, of any NPIs that cannot be matched.

ForwardHealth will enable the requesting provider's Portal administrator and delegated clerks to update the individual ordering providers for whom the exemption applies by July 1, 2013. Any changes that need to be made prior to that time for providers eligible for the exemption should be sent to DHSPAExemption@wisconsin.gov.

The individual providers listed may order CT and MR imaging services without requesting PA for any DOS on and after the date the requesting provider indicates those providers are eligible to use the decision support tool, regardless of the date an individual provider's information was submitted to ForwardHealth.

For example, ABC Health Clinic is approved for an exemption from PA requirements on June 1. Dr. Smith of ABC Health Clinic orders an MR imaging service on June 15. It is discovered on June 20 that Dr. Smith was mistakenly excluded from ABC Health Clinic's exemption list. Once Dr.

Smith is added to the exemption list, she is covered under the exemption going back to the date ABC Health Clinic indicated she was eligible to use the clinic's decision support tool.

Providers Rendering Advanced Imaging Services

Providers rendering advanced imaging services are encouraged to verify that either a PA request has been approved for the member (verified by contacting MedSolutions or the ordering provider) or the ordering provider is exempt from PA (verified by contacting the ordering provider) prior to rendering the service.

Claim Submission

Providers rendering advanced imaging services for an ordering provider who is exempt from PA requirements should include modifier Q4 (Service for ordering/referring physician qualifies as a service exemption) on the claim detail for the CT or MR imaging service. This modifier, which may be used in addition to the TC (Technical component) or 26 (Professional component) modifiers on advanced imaging claims, indicates to ForwardHealth that the ordering provider is exempt from PA requirements for these services.

Providers are also reminded to include the NPI of the ordering provider on the claim if the ordering provider is different from the rendering provider. If a PA request was not approved for the member and an exempt ordering provider's NPI is not included on the claim, the claim will be denied.

Other Situations When Prior Authorization Is Not Required

In addition to the exemption from PA requirements described previously in this *Update*, providers are reminded that according to current policy, they are not required to obtain PA for advanced imaging services if the service is provided in the following circumstances:

- During a member's inpatient hospital stay.
- When a member is in observation status at a hospital.

- As part of an emergency room visit.
- As an emergency service.

Providers should refer to the Online Handbook for more information about circumstances in which PA is not required.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT
**Prior Authorization Requirements Exemption
Request for Computed Tomography (CT) and
Magnetic Resonance (MR) Imaging Services**

(A copy of the “Prior Authorization Requirements for Computed Tomography [CT] and Magnetic Resonance [MR] Imaging Services” is located on the following page.)

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FORWARDHEALTH
**PRIOR AUTHORIZATION REQUIREMENTS EXEMPTION REQUEST FOR COMPUTED
TOMOGRAPHY (CT) AND MAGNETIC RESONANCE (MR) IMAGING SERVICES**

ForwardHealth requires certain information to enable BadgerCare Plus and Wisconsin Medicaid to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

This form is mandatory; use the fillable version or an exact paper copy of this form. ForwardHealth will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form. When completed, e-mail the completed fillable form to DHSPAExemption@wisconsin.gov or mail a paper copy of the form to the following address:

Physician Policy Analyst
Department of Health Services
Division of Health Care Access and Accountability
PO Box 309
Madison WI 53701-0309

Providers, provider groups, or health systems with questions regarding the requirements in Section II may e-mail them to DHSPAExemption@wisconsin.gov.

A provider or health system may complete this form to demonstrate implementation of a decision support tool that is used by its providers who order computed tomography (CT) and magnetic resonance (MR) imaging services. Upon approval, ForwardHealth will recognize the decision support tool as an appropriate alternative to current fee-for-service prior authorization (PA) requirements for CT and MR imaging services. Providers or health systems that use the tool will not be required to obtain PA for CT and MR imaging services for Medicaid and BadgerCare Plus fee-for-service members.

ForwardHealth recognizes decision support tools do not make any medical or diagnostic decisions or medical necessity determinations, otherwise act upon patient data in any professional capacity, or determine the type of processes a provider or health system needs to make such determinations or decisions. While decision support tools provide information that may assist in diagnostic decisions or determinations, medical judgment and care decisions remain the responsibility of the health system and its providers.

ForwardHealth recognizes that decision support tools are regularly enhanced to incorporate new research and that decision support may currently be unavailable or insufficient for certain services. ForwardHealth may review the policies and requirements outlined herein, with appropriate provider input, in response to the continued development of decision support.

ForwardHealth may discontinue this agreement after initial approval if ForwardHealth determines the provider or health system either no longer meets the approval requirements outlined herein or does not demonstrate meaningful use of decision support to minimize inappropriate utilization.

Instructions: Print or type clearly. Identify the requesting health system and contact information for an individual able to provide additional detail or clarification.

SECTION I — PROVIDER INFORMATION

1. Name — Provider, Provider Group, or Health System	2. National Provider Identifier (NPI) — Provider, Provider Group, or Health System
3. Name — Contact Person	4. Title — Contact Person
5. Telephone Number — Contact Person	6. E-mail Address — Contact Person

Continued

SECTION II — REQUIREMENTS

The provider, provider group, or health system must meet the following requirements for approval of their decision support tool as an appropriate alternative to current Department of Health Services' PA requirements:

7. The provider or health system has fully implemented a decision support tool for use among its providers to order CT and MR imaging services.
 - a. Identify the decision support tool in use. _____
 - b. Identify the date on which the decision support tool was fully implemented and functional. _____
8. The provider or health system has developed a quality improvement plan to address over- and under-utilization by providers. The guidelines include interventions, timelines, and outcome measures. *Detailed quality improvement plans should be submitted with this application.* The outcome measures should include, at a minimum:
 - a. Aggregate score for all providers, measuring consistency with system recommendations based on the reporting standards described in more detail in Section III.
 - b. Subset scores, grouped by primary and specialty care.
 - c. Aggregate outcome measures identified in the quality improvement plan.
9. The health system agrees to report outcome measures to ForwardHealth for each full six-month interval (January 1 through June 30 and July 1 through December 31) by July 31 and January 31 of each year.
10. The health system agrees to identify and submit to ForwardHealth the names and NPIs of individual providers who will use the decision support tool to order CT and MR imaging services.
11. The health system agrees to submit to ForwardHealth additions, deletions, and other updates as needed to the provider exemption list to ensure current and accurate information. Large lists should be provided along with semi-annual outcome measure reporting.

SECTION III — SUPPORTING INFORMATION

Provide the following information in the space below each statement or as a separate attachment.

12. Describe the provider educational component(s) of the decision support tool, including any real-time access to radiologists when requested by the ordering provider and/or feedback to providers who vary significantly from the recommendations of the decision support tool.
13. Describe the internal processes to provide feedback to individual providers as needed regarding their use of and compliance with the decision support tool.
14. Describe the calculation of the aggregate score for consistency with system recommendations to be submitted to ForwardHealth, including the basic components of the score and qualifications to the score's calculation, such as the exclusion of certain types of orders.

SECTION IV — ATTESTATION

By signing below, the health system attests to satisfying all requirements defined in this form.

15. Name — Authorized Agent (Print)	16. Title — Authorized Agent
17. SIGNATURE — Authorized Agent	18. Date Signed
