

DSHS Now Requires Prior Authorization for Imaging Exams

Effective for dates of service on and after October 1, 2011, DSHS will require web-based prior authorization requests for covered outpatient advanced imaging services performed on eligible Medicaid clients.

DSHS and Qualis Health are partnering to provide web-based access for utilization review and prior authorization for outpatient advanced imaging services. **OneHealthPort** will provide secure access and logon. **The authorization must be obtained online.**

Only selected CPT codes are required for Qualis Health review. (See chart below)

HOW TO OBTAIN PRIOR AUTHORIZATION

- The physician or designated personnel must submit a review to Qualis Health through a web based, secure system (iEXCHANGE) - log in through One Health Port.
- iEXCHANGE will collect basic patient information for those imaging procedures requiring pre-service review, as well as, completion of a medical necessity questionnaire embedded in the iEXCHANGE case.
- Qualis Health will forward completed reviews to WA Medicaid for final determination. Qualis will issue a **case reference number** – this is **NOT** the authorization number
- Medicaid will fax final determination information including the authorization number to the requesting provider.

RECONSIDERATION PROCEDURES

Qualis Health has a procedure in place for providers to request a re-review for advanced imaging services: The physician or practitioner may request a re-review of the denial by fax by completing the Advanced Imaging Request for Review form found on the Qualis Health website:

<http://www.qualishealth.org/healthcare-professionals/washington-medicaid/provider-resources>.

Imaging Exam CPT Codes Requiring Prior Authorization

Magnetic Resonance Imaging (MRI)			
Head	70551	70552	70553
C-spine	72141	72142	72156
L-spine	72148	72149	72158
Upper Extremity	73221	73222	73223
Breast	77058	77059	C8903*
	C8904*	C8905*	C8906*
	C8907*	C8908*	
Lower Extremity	73721	73722	7373

Computed Tomography (CT)			
Head	70450	70460	70470
Abdomen	74150	74160	74170
Pelvis	72192	72193	72194
Abdomen & Pelvis	74176	74177	74178

Cardiac Imaging	
Ht muscle image spect sing	78451
Ht muscle image spect mult	78452
Ht muscle img planar sing	78453
Ht musc image planar mult	78454

*Required for outpatient hospital claims

PET-CT Scans	
Limited area (chest, head/neck)	78814
Skull base to mid thigh	78815
Whole body	78816

Questions? Contact Olympic Radiology's Billing Department at (360) 415-7280



BREMERTON
MRI, CT, Nuclear Medicine, Ultrasound,
Fluoroscopy, Digital X-Ray, Interventional

POULSBO
Open MRI, PET/CT, CT,
Ultrasound, Digital X-Ray