



MEMORANDUM

TO: All Providers
FROM: EDS and DHHS
DATE: December 2005
SUBJECT: PET SCAN Prior Authorization Process and Billing Requirements

In an effort to better manage the use of outpatient diagnostic imaging tests, the Department of Health and Human Services Office of Medicaid Business and Policy has decided to require Prior Authorizations for *non-emergent* Positron Emission Tomography (PET) scans.

This notice will serve to clarify the prior approval and billing processes to be followed as well as providing clarity regarding the procedure codes to be used.

Prior Approval Process

To ensure prior approval requests are processed correctly please review the following guidelines:

- The NH Title XIX (Medicaid/Healthy Kids-Gold) billing provider number must be included on the prior approval request;
- The HCPC procedure code with any applicable billing modifiers must be included on the prior approval request;
- The number of units requested must be included on the prior approval request;
- Provide medical information that will assist in the review of the prior approval request. Such information may include the patient's diagnosis, the reason the service is being requested, and any additional tests or services that have been performed prior to this request.

The prior approval request maybe faxed to (603) 271-4376.

****Please note claims being billed with modifier 26 do not require a prior approval, only the technical service requires the prior approval.**

Submitting Claims for Services that have been Prior Authorized

To ensure claims for prior authorized services are processed correctly please verify the following information is included on the claim:

- The NH Title XIX (Medicaid/Healthy Kids-Gold) ***billing provider number***;
- The HCPC procedure code with applicable, billable modifiers;
- The number of units requested must match the prior authorization;
- The date of the claim must be within the date range of the prior authorization
- The number of units billed on the claim must not exceed what has been authorized, as indicated on the approval letter;
- The prior approval number indicated on the approval letter must be included in the appropriate form locator on the claim:

- Form locator 23 on the CMS/HCFA 1500 claim form;
- Form locator 63 on the UB92;
- **Do not** include this number if you are billing for the professional component **only**, modifier 26;
- When submitting a paper claim you **must adhere** to OCR billing guidelines.

Please note:

If the claim is submitted with information that does not match the prior approval letter the **claim will deny**. It is important to verify the prior approval letter has the correct HCPC procedure code modifier combination. If the prior approval letter does not contain the correct information forward a corrected prior approval request indicating this is a correction request.

The prior authorization does not guarantee payment. Please contact the Communications unit or the AVR to confirm the following information:

- The recipient is eligible on the date of service;
- The performing and billing NH Title XIX (Medicaid/Healthy Kids-Gold) providers must be actively enrolled on the date of service; and
- The HCPC procedure code and billing modifier must be active codes and valid combinations for NH Title XIX.

Eligible PET Scan Procedure Codes

For services provided July 1, 2004 – October 31, 2005 the following PET Scan procedure codes are eligible for coverage, if prior approved.

G0125	G0224
G0210	G0225
G0211	G0226
G0212	G0227
G0213	G0228
G0214	G0230
G0215	G0231
G0216	G0232
G0217	G0233
G0218	G0234
G0219	G0252
G0220	G0253
G0221	G0254
G0222	G0336
G0223	S8085

For services provided November 1, 2005 and forward the following procedure codes for PET scans are eligible for coverage, if prior approved.

78499
78811
78812
78813
78814
78815
78816

Hospitals

Effective with claims for Dates of Service (DOS) February 1, 2006 and greater, any claim submitted with a revenue code for outpatient x-ray services must also contain the corresponding HCPC code. When **Form Locator 42** contains revenue code(s) 32X, 33X, 34X, 35X, 40X, and/or 61X:

1. Form Locator 43 should contain the national description of the revenue code as per the NUBC (National Universal Billing Committee); **AND**
2. Form Locator 44 **must** contain the appropriate HCPC code.

Contained within the following list are the only HCPC codes that will be valid to submit with revenue code 0404, if other HCPC codes are submitted with revue code 0404 your claim will **deny**.

G0125	
G0210	G0225
G0211	G0226
G0212	G0227
G0213	G0228
G0214	G0230
G0215	G0231
G0216	G0232
G0217	G0233
G0218	G0234
G0219	G0252
G0220	G0253
G0221	G0254
G0222	G0296
G0223	G0336
G0224	S8085
78491	78811
78492	78812
78816	78813
78609	78814
78608	78815
78459	

Allowing the code to be submitted with revenue code 0404 **does not** guarantee coverage. To check whether a service is covered or requires a prior approval please contact the Communications Unit.

If you have any questions regarding this notice, covered codes, or billing for these services, please contact the Communications Unit at: 1-800-423-8303 (NH & VT only) or (603) 224-1747.

