



New Hampshire Medicaid Outpatient Radiology Prior Authorization Procedures

The New Hampshire Medicaid Program requires prior authorization for the following outpatient, elective procedures:

- CT
- MRI, MRA
- PET
- Nuclear Cardiac Imaging

Imaging procedures performed during an inpatient admission or emergency room visit are not included in this program.

Effective January 1, 2009, prior authorization requests will be reviewed by the NH Medicaid Prior Authorization Unit operated currently in partnership with Schaller Anderson Medical Administrators, Incorporated.

Prior Authorization Process

There are two ways to request prior authorization of coverage of an imaging procedure from the NH Medicaid Prior Authorization Unit:

1. Call

Contact the NH Medicaid Prior Authorization Unit Monday through Friday from 8:00 am to 4:30 pm at **1-866-499-9335** and provide all pertinent clinical information over the telephone. When calling with a request for prior authorization of coverage, please have the following information available:

- Patient demographic information:
 - Recipient name and date of birth
 - New Hampshire Medicaid recipient ID
- Clinical information:
 - Study being requested
 - Current diagnosis
 - Treatment history
 - Treatment plan and medications
 - Patient's chart
 - Previous imaging study results

2. Fax

Complete the diagnostic imaging request form and include the office notes/previous imaging reports for the patient and fax your request to **1-866-499-9334**.

Non-emergent (*outpatient, elective*) requests for authorization of coverage will be reviewed and decisions rendered within two business days after receipt of complete clinical information.

Coverage Approvals

Once coverage is approved:

- An authorization will be issued and mailed to the performing facility by EDS
- The ordering physician will be notified by telephone or fax

Coverage Denials

If a request for prior authorization of coverage is denied:

- Written notification of the denial will be mailed to the recipient and a copy faxed to the ordering physician. The written notification will include information about the recipient's right to fair hearing.

Peer-to-Peer Review

The ordering physician may discuss the denial decision for an individual case with the physician reviewer by calling the NH Medicaid Prior Authorization Unit at 1-866-499-9335.

If a prior authorization request for a study is denied and the ordering physician sends new or additional information, he/she will be contacted about a peer-to-peer consultation.

Diagnostic Imaging Requests Forms

Forms are located at the following websites:

www.mynewhampshirecare.com/providers_medical.aspx

<http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/LIBRARY/Form/default.htm>

<http://www.nhmedicaid.com/Downloads/forms.html>

or

- By Calling the NH Medicaid Prior Authorization Unit at **1-866-499-9335**.

Special Circumstances to keep in mind:

1. Medicaid-eligible recipients covered by Medicare Part A but not Part B: Imaging requests require prior authorization, no retroactive authorizations will be granted.
2. Medicaid-eligible recipients covered by Medicare Part A and Part B: Imaging requests are not subject to prior authorization.
3. Medicaid In & Out recipients: Imaging requests require prior authorization; however, please note prior authorization of a procedure does not guarantee payment.
4. Requests for recipients who at the time of their imaging study had Medicaid pending will be reviewed retrospectively by the NH Medicaid Prior Authorization Unit.