Prior Authorization for FFS Imaging and Lab Services

On behalf of Indiana Medicaid

Acentra HEALTH

Agenda

Prior Authorization (PA) Submission Requirements and Provider Responsibilities

PA Requirements for Imaging Services

PA Requirements for Lab Services and Genetic Testing

Tips for Reducing Denials & Voids

Appeals Process

IHCP Update and Resources

Prior Authorization (PA) Submission Requirements

Submitting via Portal

Submitting requests through the portal is the preferred PA method

- The portal Case Wizard provides step-by-step guidance through the case submission process and prompts you if there are any issues.
- Communicate with clinical reviewers using case Notes.
- Allows you to have multiple accounts assigned under your login.

Submitting via Fax

- Prior Authorization Request Form:
  - Member Identification number
  - Provider NPI both “Requesting” and “Rendering” (if different)
  - CPT or HCPCS; along with dates of service (DOS)
  - Diagnosis code
  - Form must be signed
- Submit all relevant documentation at the time of submission

Submitting via Phone

- Provider must provide all the information from the Prior Authorization Request Form over the phone.
  Then submit all relevant documentation either via portal, fax or mail.

*__Abbreviations__ National Provider Identifier (NPI), Healthcare Common Procedure Coding System (HCPCS) and Dates of service (DOS).

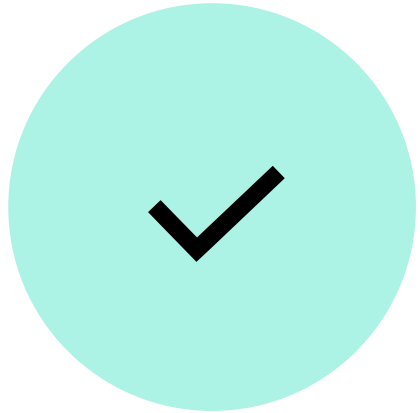
Provider Responsibilities

MEMBER ELIGIBILTY

- Check eligibility, to ensure you submit the PA to the correct vendor.

PRIOR AUTH REQUIRED?

- Use the IHCP Fee Schedules to check if codes require a PA.



FORMS AND DOCUMENTS

- Complete all required forms for documents for submission. Check for signatures.

PRIOR AUTHORIZATION REQUIREMENTS FOR

Imaging Services

Radiology

- Indiana Administrative Code 405 IAC 5-27 lists requirements for radiology services covered by the Indiana Health Coverage Programs (IHCP), including:
  - Computerized tomography
  - Interventional radiology
  - Magnetic resonance exams
  - Nuclear medicine
  - Positron emission tomography
  - Sonography
  - Upper gastrointestinal studies

- Only a small set of radiology services will require a Prior Authorization.

Radiology Coverage and Limitations

- Radiology services must be ordered in writing by a physician or other practitioner authorized to do so under state of Indiana law. Criteria for the use of radiology services include consideration of the following:
  - Evidence exists that the radiological procedure is necessary for the appropriate treatment of the illness or injury.
  - X-rays of the spinal column are limited to cases of acute, documented injury or a medical condition in which interpretation of X-rays would make a direct impact on the medical or surgical treatment.
  - IHCP reimbursement is available for X-rays of the extremities and spine for the study of neuromusculoskeletal conditions.
  - Radiological procedures must be limited to the minimum number of views or films to appropriately diagnose or assess a patient's condition. Procedures must also be limited to the most appropriate body part or area to provide or rule out a diagnosis for the suspected condition.

Prior Authorization

- IHCP reimbursement may be available, with prior authorization for the following and not limited to:
  - Interventional radiology procedures
  - MRI for essential tremors when utilizing CPT - Code 0398T
  - Positron Emission Tomography (PET) scans
  - Liver Elastography when utilizing procedure - Code 91200

Radiology Services

Pet Scan (78815) Questionnaire

1 . Is the member diagnosed with one of the following: *

- [ ] Non-Hodgkin or Hodgkin lymphoma
- [ ] Melanoma
- [ ] Lung nodule or mass
- [ ] Lung cancer, non-small cell
- [ ] Lung cancer, small cell
- [ ] Indeterminate mediastinal mass
- [ ] Colon cancer
- [ ] Rectal cancer
- [ ] Esophageal cancer
- [ ] Breast cancer
- [ ] Head or neck cancer
- [ ] Thyroid cancer
- [ ] Cervical cancer
- [ ] Ovarian or fallopian tube or primary peritoneal cancer
- [ ] Endometrial cancer
- [ ] Multiple myeloma
- [ ] Solitary plasmacytoma
- [ ] Bone or soft tissue sarcoma
- [ ] Pancreatic cancer
- [ ] None of the above

2 . Is this a baseline scan for treatment planning? *

- ( ) Yes
- ( ) No

3 . Is this request for restaging of anaplastic carcinoma after initial treatment completed? *

- ( ) Yes
- ( ) No

PRIOR AUTHORIZATION REQUIREMENTS FOR

Lab Services/Genetic Testing

Provider or Service Specific Laboratory Services

Many non-genetic laboratory services do not require a prior authorization; however, there are always exceptions.

To determine whether a specific laboratory code requires prior authorization, be sure to check the IHCP Fee Schedules to confirm that a Prior Authorization is needed for that code prior to submitting your request. Fee Schedules are routinely updated on a monthly basis.

Indiana Medicaid: Providers: IHCP Fee Schedules

Lab Services Provider Reference Modules

- For laboratory services related to renal dialysis, see the Renal Dialysis Services module
  - Renal Dialysis Services
- For newborn screening blood tests, see the Inpatient Hospital Services module
  - Inpatient Hospital Services
- For prenatal laboratory services and cervical cancer screening, see the OB/GYN module
  - Obstetrical and Gynecological Services
- For genetic tests, including molecular pathology, cytogenetics and multianalyte assays with algorithmic analyses (MAAA), see the Genetic Testing module
  - Genetic Testing

PRIOR AUTHORIZATION REQUIREMENTS FOR

Genetic Testing

Genetic Testing

Prior Authorization (PA) is required for all genetic testing, unless otherwise noted within the Outpatient Fee Schedule or Professional Fee Schedule or by a test-specific coverage policy.

- All IHCP policy guidelines must be met for PA approval. The following documentation is required for PA review:
  - Documentation outlining medical necessity, specifically stating the impact on the patient's treatment.
  - Results from any commonly used conventional diagnostic testing showing inconclusive diagnosis.
  - Documentation that genetic counseling has been performed prior to testing.
  - All other general documentation required for the PA.

Information for Specific Types of Genetic Testing

The IHCP Genetic Testing Provider Reference Module includes additional coverage guidelines for certain specific types of genetic testing, including but not limited to the following:

- Chromosomal Microarray Analysis
- Genetic Testing for Cancer Susceptibility
- BRCA1, BRCA2 Genetic Testing for Breast, Ovarian and Related Cancers

For coverage of specific tests, providers should routinely check the appropriate fee schedule for proper codes; both the Outpatient Fee Schedule and the Professional Fee Schedule are found on the IHCP Fee Schedules page at ***Indiana Medicaid: Providers: Home***

Chromosomal Microarray Analysis

The IHCP covers chromosomal microarray analysis (CMA), when it is determined to be medically necessary for diagnosing a genetic abnormality in children with apparent non-syndromic cognitive developmental delay/intellectual delay or autism spectrum disorder, according to the latest accepted DSM guidelines.

Prior authorization for CMA testing requires specific documentation. For detailed information, please refer to the IHCP Genetic Testing Provider Reference Module.

Genetic Testing

Indiana Medicaid: Providers: IHCP Fee Schedules

Genetic Testing for Cancer Susceptibility

Cancer-susceptibility genetic testing is a covered service when the general criteria and both of the following conditions are met:

- A specific mutation, or set of mutations, has been established in the scientific literature to be reliably associated with the risk of developing malignancy.

- The results of the genetic test potentially affect at least one of the management options considered by the physician, in accordance with accepted standards of medical care, including:
  - Surgery, or the extent of surgery
  - A change in surveillance
  - Hormonal manipulation
  - A change in standard therapeutic or adjuvant chemotherapy

BRCA1, BRCA2 Genetic Testing for Breast, Ovarian and Related Cancers

- IHCP members referred to an oncologist or geneticist for BRCA1 and BRCA2 testing must have a completed personal and family cancer history that should include three generations on both maternal and paternal sides of the family in the member's medical record to include the following:
  - Relatives with breast, ovarian and other relevant cancers, such as prostate and colon cancer
  - Age at diagnosis in affected family members
  - Other significant factors, such as ethnic background
  - Providers must submit documentation with the PA request and must maintain the documentation in the member's medical record.

Genetic Testing for Treatment of Chronic Myelogenous Leukemia

- The IHCP covers genetic testing for managing the treatment of chronic myelogenous leukemia (CML). Prior authorization for these laboratory pathology tests is granted only when:
  - The test is medically necessary for managing the treatment of CML; and
  - The test is being used by the patient's practitioners to develop a treatment plan specific to the needs of the patient.

Prenatal Genetic Testing

- Only one fetal chromosomal aneuploidy screening is permitted per pregnancy per member:
  - 81420 – Test for detecting genes associated with fetal disease, aneuploidy genomic sequence analysis panel
  - 81507 – DNA analysis using maternal plasma

Biomarker Testing

- When supported by medical evidence, biomarker testing may be medically necessary and a covered benefit for the purposes of diagnosis, testing, treatment, appropriate management or ongoing monitoring of a member's disease of condition.
  - BT2024126 IHCP Announces Biomarker Testing Covered Codes with descriptions
  - BT2024185 Since the publication of BT2024126, the IHCP has identified additional biomarker testing codes that meet the criteria outlined in the bulletin and are appropriate for coverage.
    - Of note, the 0345U Genomic analysis panel of 15 genes for detection of abnormalities associated with mental health disorders is covered and requires a Prior Authorization

IMPORTANT TIPS TO REDUCE DENIALS FOR

Prior Authorizations

Common Reasons for Denials and Voids

ADMINISTRATIVE DENIALS:

- Missing or untimely mandatory form(s) that are not received within 7 calendar days (previously 30 days) of pending to provider.

MEDICAL NECESSITY DENIALS:

- Does not meet medical necessity

COMMON REASONS FOR VOIDS:

- The request is a duplicate of another authorization submitted to Acentra Health.
- Prior authorization incorrectly submitted to Acentra Health.
  - Member eligibility can be updated anytime, be sure to check the IHCP Provider Portal prior to submitting any PA request.

Important Tips to Reduce Denials

- Upload or provide all required documentation at the time of submission.
  - Checking that signatures are in place with correct and timely dates
  - Ensure that a Physician Order is also submitted

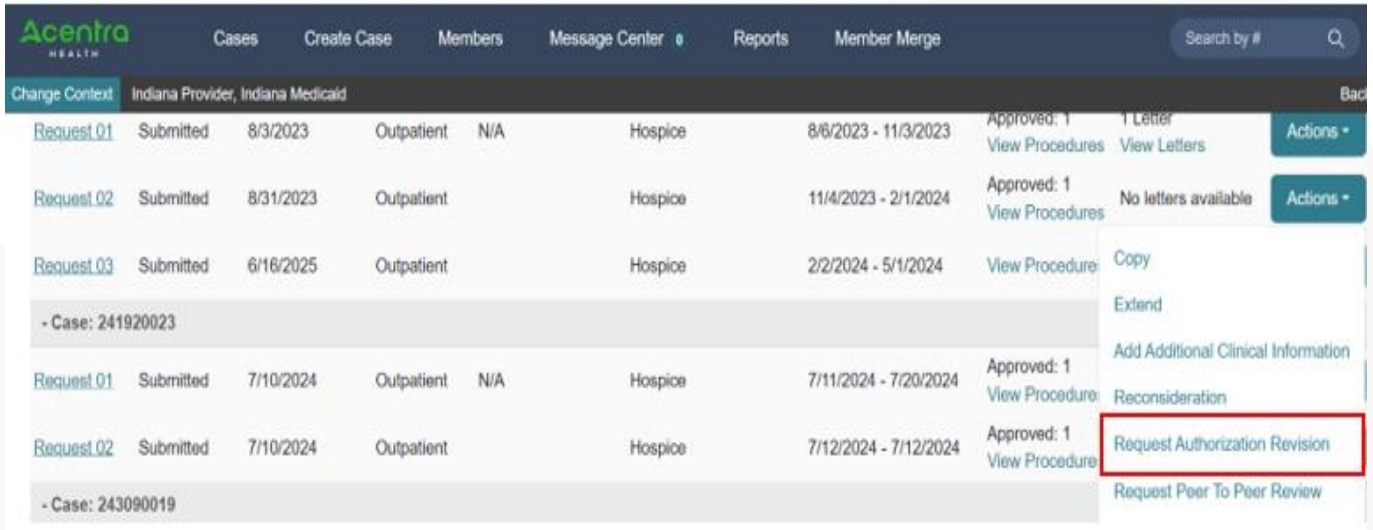
- Check case status often; if pended for additional information submit within 7 calendar days from the date of the Additional Information letter.

- Routinely check IHCP Provider Bulletins to maintain awareness for any updates related to Lab/Imaging services as this may reference medical necessity criteria.

Authorization Revision Requests

- An authorization revision must be submitted to extend the dates of service on an existing prior authorization (PA).
  - If you need to extend the dates of service for an existing PA, you must request it prior to the current end date. You cannot request an authorization revision once the PA has expired.
- If you are faxing your request, you must use the **IHCP Prior Authorization Revision Request Form**

Authorization Revision Requests Online



Assuming a PA From Another Provider

- All providers that want to assume care from the current Provider must submit the IHCP Prior Authorization Revision Request Form

- The *Prior Authorization Revision Request Form* must include, but not limited to:
  - Member information
  - Originating provider information
  - Prior Authorization number
  - Procedures on the PA request
  - Date PA will be assumed

Fax both forms to Acentra Health at 800-261-2774 or call 866-725-9991 for assistance.

Appeals Process

Administrative Review/Reconsideration

- The provider MUST submit a request for an administrative review to Acentra Health within ***7 business days plus 3 calendar days*** of the date provided on the initial adverse determination letter.

  - Fax in a written request, or using Reconsideration Action tab
  - It is important to reference the IHCP Prior Authorization reference module for details of what is required to initiate an administrative review: https://www.in.gov/medicaid/providers/files/modules/prior-authorization.pdf

Peer to Peer

- Requests for peer to peer MUST be completed within 7 business days plus 3 calendar days of the date provided on the initial adverse determination letter.

- To request a Peer to Peer review:
  - Use the “Actions” drop down in the Atrezzo portal to select Peer to Peer. Enter the ordering provider’s full name, phone number, and three dates and times for your availability, OR
  - Call our Customer Service team at 866-725-9991 to assist you over the phone.

IHCP Update

IHCP Update – BT2025165

Effective Jan. 1, 2026, IHCP providers will have updated guidelines regarding prior authorization (PA) decisions and additional information submissions:

- Acentra Health will continue to be required to make a PA decision within 7 calendar days of the initial standard PA request. The time may be extended up to an **additional 7 calendar days** if additional information is needed.

- For an urgent/expedited PA request, a decision will be required within 72 hours. No pend (extension) time frame will be allowed for urgent/expedited FFS PA requests.

IHCP Resources for Providers

Provider Fee Schedules

Fee Schedules

Accessible from the Indiana Medicaid Provider web page. Guides providers regarding PA requirement.

Provider Modules

Provider Modules

Found in the provider references section. Guides providers on requirements.

Forms

Forms

If prior authorization request requires forms to be submitted with request, they are located here.

Bulletins

Bulletins

Important Indiana Health Coverage Programs (IHCP) announcements are made in IHCP bulletins

Conclusion and Q&A

Thank you for your time and participation!

Provider Relations Assistance	**INPriorAuthIssues@acentra.com**
Provider Education Website (Acentra Health)	**Training & Education - Indiana Medicaid FFS**
Acentra Health Customer Service:	**Phone: 866-725-9991** **Fax: 800-261-2774**