



colorado.gov/pacific/hcpf

Provider Bulletin

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Special Outpatient PAR Bulletin

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Outpatient Hospital Prior Authorization Requests (PARs) for Non-Emergent CT Scans, Non-Emergent MRIs, and All PET Scans

Beginning April 1, 2012 the Colorado Medical Assistance Program will require all outpatient hospitals to obtain prior authorization for non-emergent CT, non-emergent MRI and all PET scans. **Emergency room, observation and hospital inpatient imaging procedures do not require prior authorization at this time.**

When will the Colorado Medical Assistance Program begin to deny claims that do not have an approved PAR?

The Colorado Medical Assistance Program will offer a test period between March 1st and March 31st, during which time providers will *not* be required to submit prior authorizations, but may elect to submit Prior Authorization Requests (PARs) to become familiarized with the PAR process. Claims will not deny for radiology services performed from March 1st through March 31st for lack of approved PARs. However, for dates of service beginning on April 1, 2012, these imaging claims will be subject to retrospective review and the Department of Health Care Policy and Financing (the Department) will recover the reimbursement for any claim submitted without approved PARs.

Who is responsible for obtaining the prior authorization, the ordering provider or the facility that does the imaging procedure?

The ordering physician or the rendering facility can obtain the prior authorization, but will need to coordinate to ensure that the appropriate clinical documentation is submitted with the PAR. The facility completing the procedure will be responsible for ensuring the authorization has been approved and obtained prior to delivery of the service. Payment will be denied for procedures performed without a necessary authorization, and providers may not bill the Medicaid client for such procedures.

How should providers submit PARs? What documentation is required?

- The preferred method for PAR submission is electronically through the ColoradoPAR Web Portal, CareWebQI. Provider registration is required for electronic submission and registration and submission instructions are available at www.coloradopar.com. PARs may also be submitted to ColoradoPAR via fax to 1-866-492-3176.
- Appropriate clinical supporting documentation must be included with the PAR. This documentation includes clinical notes or Letter of Medical Necessity indicating initial evaluation including history, physical and diagnoses, pertinent laboratory/pathology results and any previous radiology reports. Supporting documentation can be submitted electronically via CareWebQI as well as by fax.
- ColoradoPAR will review the PARs using Milliman Care Guidelines.



Denver Club Building
518 17th Street, 4th floor
Denver, Colorado 80202

ACS Contacts

Billing and Bulletin Questions
1-800-237-0757 or 1-800-237-0044

Claims and PARs Submission
P.O. Box 30
Denver, CO 80201

Correspondence, Inquiries, and Adjustments
P.O. Box 90
Denver, CO 80201

Enrollment, Changes, Signature authorization and Claim Requisitions
P.O. Box 1100
Denver, CO 80201

How can I track the status of my PAR and obtain my MMIS PAR ID number?

- For questions about the status of the PAR, call ColoradoPAR at 1-888-454-7686. If the PAR is submitted electronically, the status can be reviewed in the ColoradoPAR Web Portal.
- Do not provide these services or bill for them until an approved PAR is received. The claim must contain the PAR ID number assigned by the fiscal agent, ACS, for appropriate payment. Please note, the PAR number for billing purposes cannot be verified in CareWebQI at this time. Providers must obtain the PAR number via letter, either by mail from ACS, or by retrieving the letter from the File and Report Service (FRS) in the [Colorado Medical Assistance Program Web Portal](#). Depending on whether a provider is the Billing Provider, a Requesting Provider, or both, the delivery method of the letter may differ. Please consult the [December 2010 Provider Bulletin \(B1000291\)](#) for more detail on the process for each provider type.

The imaging service provider (billing provider), client, and physician ordering the test (requesting provider) will receive a PAR determination letter. Check the PAR letter carefully to verify that all requested services were approved. The billing provider specified on the PAR must be the one that provides the service for the client.

How can hospitals learn more about the PAR process, and how to complete a PAR?

The ColoradoPAR Program will review the PARs as the Utilization Management Program for the Colorado Medical Assistance Program. ColoradoPAR will host web-based trainings to allow hospital staff to become familiar with the prior authorization process and provide instructions for how to successfully submit a PAR. Providers are strongly encouraged to have staff members attend one of the following sessions:

Available Trainings:

Date	Time
Wednesday, March 7, 2012	1:00 PM MT
Wednesday, March 14, 2012	1:00 PM MT
Wednesday, March 21, 2012	1:00 PM MT
Wednesday, March 28, 2012	1:00 PM MT

To sign up for the trainings go to www.coloradopar.com.

The PAR requires a procedure code but the UB-04 paper claim form requires revenue codes. Which type of code should be used for a claim that requires an approved PAR?

Outpatient hospitals will continue to submit claims on the UB-04 or as an 837 Institutional (837I) transaction. However, the hospital must include the appropriate procedure codes as well as the revenue codes for radiology services performed.

Is a PAR required when Medicaid is not the primary insurance?

A PAR is *not* required when Medicare or Medicare Advantage plans are primary. A PAR *is* required when private insurance is primary.

What if Medicaid eligibility is determined after the date of service?

The Department will allow retroactive authorizations when client eligibility is determined after the date that the imaging service is delivered. When a client's eligibility is determined after the date of service, the client is issued a Load Letter. The Load Letter must be submitted with the supporting clinical documentation for the PAR for a retroactive request to be processed by ColoradoPAR.

What if the client needs a different service after the provider has gotten an approved PAR?

The Department will allow retroactive authorizations when imaging services must be modified after a PAR has been obtained if new information that warrants additional services is discovered while completing the approved procedure. PARs for these services must be submitted within 48 hours for the PAR to be processed by ColoradoPAR. These PARs must be submitted as PAR revisions and can only be submitted via fax to ColoradoPAR at 1-866-492-3176.

Does the PAR process take the place of a referral for clients who require a referral? Or are both needed?

Providers must have both an approved PAR and a referral for clients who are in either the Accountable Care Collaborative (ACC) Program or the Primary Care Physician Program (PCPP). The claim should have both the primary care physician's provider number for the referral, and the approved PAR number. However, the primary care provider's provider number does not have to match the provider number of the requesting provider on the PAR.

For how long is the approved PAR valid?

The PAR is valid for 90 days from the date of final determination.

What if there is an urgent request and an expedited PAR review is necessary?

An expedited review is one that is required to be done on an expedited basis because a delay could: (a) seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function, or (b) in the opinion of a physician with knowledge of the patient's medical condition, would subject the patient to severe pain; and cannot be adequately managed without the care or treatment that is the subject of the claim.

Requests that meet the above expedited criteria will be processed within 48 hours, with most reviews completed within the same business day as submission. Many PARs can be auto-approved in CareWebQI where a PAR determination is made at the time of submission. If your PAR is pended when submitted to CareWebQI, you may call ColoradoPAR to indicate there is an expedited request.

Which imaging procedure codes require prior authorization?

The following procedure codes will require prior authorization:

PET SCANS & SPECTs			
Code	Description	Code	Description
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVAL.	78811	PET - LIMITED AREA- CHEST, HEAD, NECK
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	78812	PET - SKULL BASE TO MID-THIGH
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST OR STRESS	78813	PET -WHOLE BODY
78607	BRAIN IMAGING COMPLETE STUDY TOMOGRAPHIC SPECT	78814	PET W/CT - CHEST, HEAD, NECK
78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) METABOLIC EVALUATION	78815	PET W/CT - SKULL BASE TO MID-THIGH
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION EVALUATION	78816	PET W/CT - WHOLE BODY

CT SCANS			
Code	Description	Code	Description
70450	CT HEAD/BRAIN W/O CONTRAST	70488	CT MAXLLFCL W/O & W/ CONTRAST
70460	CT HEAD/BRAIN W/CONTRAST	70490	CT SOFT TISSUE NECK W/O CONTRAST
70470	CT HEAD/BRAIN W/O & W/ CONTRAST	70491	CT SOFT TISSUE NECK W/ CONTRAST
70480	CT ORBIT W/O CONTRAST	70492	CT SOFT TISSUE NECK W/O & W/ CONTRAST
70481	CT ORBIT W/ CONTRAST	71250	CT THORAX W/O CONTRAST
70482	CT ORBIT W/O & W/ CONTRAST	71260	CT, THORAX; W/CONTRAST
70486	CT MAXLLFCL W/O CONTRAST	71270	CT THORAX W/O & W/ CONTRAST
70487	CT MAXLLFCL W/ CONTRAST	72125	CT C SPINE W/O CONTRAST

CT SCANS			
Code	Description	Code	Description
72126	CT C SPINE W/ CONTRAST	73200	CT UPPER EXTREMITY W/O CONTRAST
72127	CT C SPINE W/O & W/ CONTRAST	73201	CT UPPER EXTREMITY W/ CONTRAST
72128	CT T SPINE W/O CONTRAST	73202	CT UPPER EXTREMITY W/O & W/ CONTRAST
72129	CT T SPINE W/ CONTRAST	73700	CT LOWER EXTREMITY W/O CONTRAST
72130	CT T SPINE W/O & W/ CONTRAST	73701	CT LOWER EXTREMITY W/ CONTRAST
72131	CT L SPINE W/O CONTRAST	73702	CT LOWER EXTREMITY W/O & W/ CONTRAST
72132	CT L SPINE W/CONTRAST	74150	CT ABDOMEN W/O CONTRAST
72133	CT L SPINE W/O & W/ CONTRAST	74160	CT ABDOMEN W/ CONTRAST
72192	CT PELVIS W/O CONTRAST	74170	CT ABDOMEN W/O & W/ CONTRAST
72193	CT PELVIS W/ CONTRAST	75571	CT HEART W/O DYE W/CA TEST
72194	CT PELVIS W/O & W/ CONTRAST	75572	CT HEART W/ 3D IMAGE
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION,PERCUTANEOUS VERTEBROPLASTY,VERTEBRAL AUGMENTATION, OR SACRAL AUGMENTATION	75573	CT HEART W/3D IMAGE CONGEN
		76380	CT LIMITED OR LOCALIZED FOLLOW-UP STUDY
		77013	CT GUIDANCE FOR AND MONITORING OF TISSUE ABLATION

CTA			
Code	Description	Code	Description
70496	CT ANGIOGRAPHY,HEAD, WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES, IF PERFORMED	73706	CT ANGIOGRAPHY LOWER EXTERMITY
70498	CT ANGIOPRAPHY, NECK WITH CONTRAST MATERIAL(S) INCLUDING NON CONTRAST IMAGES, IF PERFORMED	74174	CT TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, AND PELVIS, WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES IF PERFORMED
71275	CTANGIOGRAPHY, CNEST(NOCORONARY), WITH CONTRAST MATERIAL(S),INCLUDING NONCONTRAST IMAGES,IF PERFORMED	74175	CT TOMOGRAPHIC ANGIOGRAPHY,ABDOMEN,WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES, IF PERFORMED
72191	CT TOMOGRAPHIC ANGIOGRAPHY,PELVIS,WITH CONTRAST MATERIAL(S) INCLUDING NONCONTRAST IMAGES,IF PERFORMED	75574	CT ANGIOGRAPHY HEART W/ 3D IMAGE
73206	CT TOMOGRRAPHIC ANGIOGRAPHY,UPPER EXTREMITY,WITH CONTRAST MATERIAL(S)		

MRA			
Code	Description	Code	Description
70544	MRA HEAD ;W/O CONTRAST MATERIAL(S)	71555	MRA,CHEST(EXCLUDING MYOCARDIUM),WITH OR WITHOUT CONTRAST MATERIAL(S)
70545	MRA HEAD; WITH CONTRAST MATERIAL(S)	72159	MRA,SPINAL CANAL AND CONTENTS WITH OR WITHOUT CONTRAST MATERIAL(S)
70546	MRA HEAD W/O CONTRAST MATERIAL(S),FOLLOWED BY CONTRAST MATERIAL(S)	72198	MRA,PELVIS,W/& W/O CONTRAST MATERIAL(S)
70547	MRA,NECK;W/O CONTRAST MATERIAL(S)	73225	MRA,UPPER EXTREMITY W/ OR W/O CONTRAST
70548	MRA,NECK WITH CONTRAST MATERIAL(S)	73725	MRA,LOWER EXTREMITY,W/ OR W/O CONTRAST MATERIAL(S)
70549	MRA NECK,W/O CONTRAST MATERIAL(S) FOLLOWED BY CONTRAST MATERIAL(S)	74185	MRA, ABDOMEN W/ OR W/O CONTRAST MATERIAL(S)

MRI			
Code	Description	Code	Description
70336	MRI TMJ	70543	MRI FACE, ORBIT, NECK W/ & W/O CONTRAST
70540	MRI FACE, ORBIT, NECK W/O CONTRAST	70551	MRI HEAD W/O CONTRAST
70542	MRI FACE, ORBIT, NECK W/CONTRAST	70552	MRI HEAD W/CONTRAST
70553	MRI BRAIN(INCLUDING BRAIN STEM) W/O CONTRAST MATERIALS	73223	MRI UPPER EXTREMITY JOINT W/ & W/O CONTRAST
71550	MRI CHEST W/O CONTRAST	73718	MRI LOWER EXTREMITY W/O CONTRAST
71551	MRI CHEST W/CONTRAST	73719	MRI LOWER EXTREMITY W/CONTRAST
71552	MRI CHEST W/ & W/O CONTRAST	73720	MRI LOWER EXTREMITY W/ & W/O CONTRAST
72141	MRI CERVICAL SPINE W/O CONTRAST	73721	MRI LOWER EXTREMITY JOINT W/O CONTRAST
72142	MRI CERVICAL SPINE W/CONTRAST	73722	MRI LOWER EXTREMITY JOINT W/CONTRAST
72146	MRI THORACIC SPINE W/O CONTRAST	73723	MRI LOWER EXTREMITY JOINT W/ & W/O CONTRAST
72147	MRI THORACIC SPINE W/CONTRAST	74181	MRI ABDOMEN W/O CONTRAST
72148	MRI LUMBAR SPINE W/O CONTRAST	74182	MRI ABDOMEN / CONTRAST
72149	MRI LUMBAR SPINE W/CONTRAST	74183	MRI ABDOMEN W/ & W/O CONTRAST
72156	MRI SPINE W/ & W/O CONTRAST	75557	CARDIAC MRI MORPHOLOGY W/O CONTRAST
72157	MRI T SPINE W/ & W/O CONTRAST	75559	CARDIAC MRI MORPHOLOGY W/STRESS IMAGING
72158	MRI SPINE W/ & W/O CONTRAST	75561	CARDIAC MRI MORPHOLOGY W/O CONTRAST F/U CONTRAST & SEQUENCES
72195	MRI PELVIS W/O CONTRAST	75563	CARDIAC MRI FOR MORPHOLOGY W/O CONTRAST F/U CONTRAST & SEQUENCES W/ STRESS IMAGING
72196	MRI PELVIS W/CONTRAST	75565	CARDIAC MRI MORPHOLOGY W/FLOW /VELOCITY QUANTIFICATION & STRESS
72197	MRI PELVIS W/ & W/O CONTRAST	76390	MRI SPECTROSCOPY
73218	MRI UPPER EXTREMITY W/O CONTRAST	77021	MRI GUIDANCE FOR NEEDLE PLACEMENT
73219	MRI UPPER EXTREMITY W/ CONTRAST	77022	MRI GUIDANCE FOR AND MONITORING OF TISSUE ABLATION
73220	MRI UPPER EXTREMITY OTHER THAN JOINT W/O CONTRAST FOLLOWED BY CONTRAST	77058	MRI BREAST W/AND OR W/O CONTRAST
73221	MRI UPPER EXTREMITY JOINT W/O CONTRAST	77059	MRI BREAST BILATERAL
73222	MRI UPPER EXTREMITY JOINT W/CONTRAST	77084	MRI BONE MARROW BLOOD SUPPLY
0159T	CAD BREAST MRI		