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# **Service Authorization Process for Non-Emergency Outpatient Scans (NEOP) MRI, MRA, CAT, CTA, and PET Scans (Revised on 7-13-2023)**



# Meet Our Company

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With over six decades of combined experience, CNSI and Kepro have **come together to become:**

**Our purpose** is to accelerate better health outcomes through quality healthcare

**Our vision** is to be the vital partner for healthcare solutions in the public sector

**Our mission** is to continually innovate solutions that deliver maximum value and impact to those we serve



# Acentra Health Overview



2023

### Founded

Acentra Health was formed following the merger of CNSI and Kepro



3K

### Employees

Skilled clinicians, technology experts, and industry leaders



45+

### States

Serve 45 state agencies and 5 federal agencies



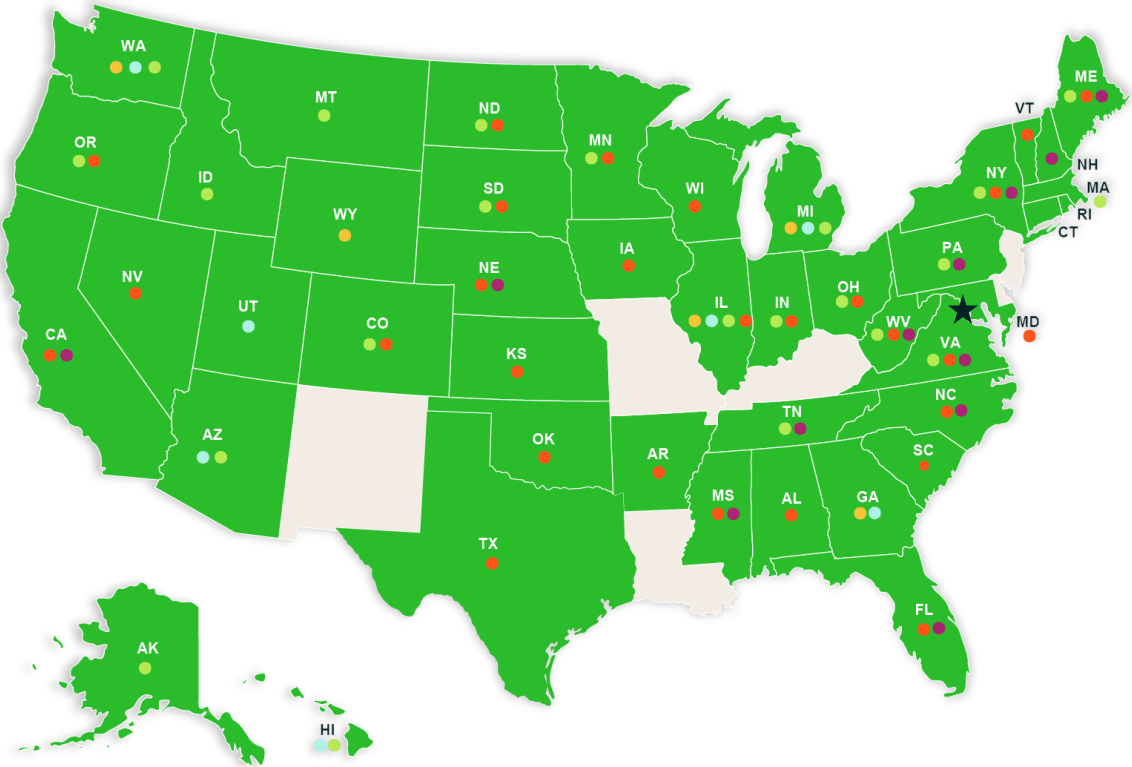
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### Locations

Headquartered in McLean, VA with 32 total company locations nationwide and a location in India

★ U.S. federal agencies we are partnered with:

- Centers for Medicare & Medicaid Services
- Department of Health & Human Services
- Department of Health Resources & Services Administration
- Department of Labor
- Department of Veterans Affairs



- STATE CLIENTS
- PROVIDER
- CARE MANAGEMENT
- CORE CLAIMS
- QUALITY OVERSIGHT
- ASSESSMENTS & CLINICAL ELIGIBILITY



# Addressing Industry Challenges

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## Rising Health Costs

attributed to the aging population, chronic disease, antiquated systems, and rising administrative and service costs

## Lack of Data Sharing

and transparency within the industry that affects individuals, care plans, and health outcomes

## Fragmented Care

is a barrier to true, whole-person integrated care

## Health Inequity

impact on individuals when socioeconomic factors are not considered in patient care plans

# Provider Manual/Medicaid Memorandums

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- DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS Web Portal at <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/>.
- This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda.
- The Internet is the most efficient means to receive and review current provider information.
- If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting: Direct Mail Works at 1-804-303-1442. A fee will be charged for the printing and mailing of the manual updates that are requested.



# Resources for Submitting Service Authorization Request to Acentra Health

KEPRO Website: <https://dmas.KEPRO.com>

DMAS Web Portal: <https://www.virginiamedicaid.dmas.Virginia.gov>

For any questions regarding submission of Service Authorization requests, please contact KEPRO at 1-888-827-2884 or 1-804-622-8900.

For claims or general provider questions, please contact the DMAS Provider Helpline at 1-800-552-8627 or 1-804-786-6273.



# NEOP SERVICES

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## NEOP Training Outline

- Criteria
- Documentation

## Service Types

- MRI (MRA) 0450
- CAT (CTA) 0451
- PET 0452



## NEOP SERVICES AUTHORIZATION CLINICAL INFORMATION

- All relevant clinical information should be included in the Severity of Illness (SI) and Intensity of Service(s) boxes.
- Please include type of scan and reason scan is being ordered.
- Signs and Symptoms.
- Pain, swelling, fever, nausea, headache, difficulty walking, numbness, unable to lift arm over head, drainage redness etc.
- Date symptoms started, treatment employed, and member response to treatment.
- Describe onset of pain, describe type of pain and other related symptoms (radiation, radiculopathy) and subsequent treatment.
- Describe any outpatient therapies used to treat symptoms and member response to therapies.





# NEOP SERVICE AUTHORIZATION CLINICAL INFORMATION CONTINUED

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## **Pertinent Past and Present Medical History**

- Underlying conditions and disease such as cancer, multiple sclerosis, arthritis, diabetes, hypertension, heart disease etc.

## **Neurological Findings on Exam:**

- Weakness, loss of sensation
- Unsteady gait
- Decreased range of motion
- Hearing loss or any neurological abnormality



# NEOP SERVICE AUTHORIZATION CLINICAL INFORMATION CONTINUED

- Is there a history of trauma? Yes/No  
If yes, date of injury?
- If diagnosis is headache, please state whether new onset, or chronic with increasing symptoms-describe current symptoms.
- Previous x-rays, CT, MRI, or PET scans done and date and result of test(s).



# NEOP SERVICE AUTHORIZATION CLINICAL INFORMATION CONTINUED

- Any lab test done? Yes/No  
Abnormal results? Yes/No
- Medications tried and length of time patient has been on meds?
- If diagnosis is seizures, please indicate if new onset or frequency increasing/meds not controlling seizures.



## NEOP SERVICE AUTHORIZATION CLINICAL INFORMATION CONTINUED

- Is Diagnosis of a Neo-plastic nature? Yes/No
- If yes, enter current treatment regimen i.e., Chemo, Radiation, and/or Surgery.
- If completed, enter date treatment was completed.
- Any other pertinent information regarding this request?



# URGENT MRI (MRA), CAT (CTA), PET SCAN REQUEST

- An urgent scan must have a Service Authorization requested from Acentra within 24 hours or one business day from the date of the scan.
- Urgent Scans performed in the ER during an Emergency Room visit will be billed with the Emergency Room charges and will not require a Service Authorization from Acentra.
- Urgent scans performed as an Outpatient Admission will require a Service Authorization from Acentra to be obtained within 24 hours or one business day from the date of the scan.



# SUBMITTING/SERVICING PROVIDER

- Submit the correct Atypical Provider Identifier (API)/National Provider Identifier (NPI) number for the procedure code being requested.
- Servicing Provider = The provider API/NPI number who will provide the service.
- Submitting Provider = The provider submitting the SRV AUTH Request as the referring provider.
- Refer to specific Medicaid provider manual for specific information regarding service criteria, documentation requirements, and service authorization process.
- Do not send duplicate requests via Atrezzo Next Generation (ANG). This only congests the system and slows the review process down.



## CRITERIA USED TO REVIEW CASES FOR MEDICAL NECESSITY

- Change Healthcare InterQual Technologies product.
- The DMAS Provider Manual provides additional information that will give important details regarding coverage of NEOP and the service authorization process.



Utilizing  
Imaging PA  
checklist will  
help define  
required  
information

## IMAGING

MRI – SERVICE TYPE 0450

CAT – SERVICE TYPE - 0451

PET SCAN – SERVICE TYPE 0452

### REQUIRED PA INFORMATION

1. Provider Contact Name:
2. Provider Contact Number:
3. Is this a Retro Review: Yes/ No
4. Please include type of scan and reason scan is being ordered.
5. Please include patient history related to this request, including symptoms, duration of symptoms and clinical findings e.g Underlying conditions and diseases for example: Cancer, Multiple Sclerosis, Arthritis, Diabetes, Hypertension, Heart disease etc.
6. Is there a history of trauma? Yes/No
  - a. If yes, date of injury
7. If diagnosis is headache, please state whether new onset, or chronic with increasing symptoms- describe current symptoms
8. Previous x-rays, CT, MRI, or PET scans done and date and result of test(s):
9. Any lab test done? Yes/No
  - a. Abnormal results? Yes/No
10. Medications tried and length of time patient has been on meds?
11. If diagnosis is seizures, please indicate if new onset or frequency increasing/meds not controlling seizures.
12. Is Diagnosis of a Neo-plastic nature? Yes/No
  - a. If yes, enter current treatment regimen i.e., Chemo, Radiation, and/or Surgery. If completed, enter date treatment was completed
13. Any other pertinent information regarding this request?
14. Severity of Illness: Comment box in iEXCHANGE for entering specific information as noted in numbers 3 through 12 on this document
15. Intensity of Service: Comment box in iEXCHANGE for entering specific treatment information or copy and pasting of this form

#### \*\*\*Note\*\*\*

- An urgent imaging scan must be reported within 24 hours or next business

EXAMPLE  
appropriate  
Checklist for  
service  
requested



# OUT-OF-STATE PROVIDERS SUBMITTING REQUESTS FOR SERVICE AUTHORIZATION CONTINUED

Out-of-State providers need to determine and document evidence that one of the following items is met at the time the service authorization request is submitted to the service authorization contractor:

1. The medical services must be needed because of a medical emergency.
2. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;
3. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;
4. It is the general practice for recipients in a particular locality to use medical resources in another state.

Authorization requests for certain services can also be submitted by out-of-state facilities. Refer to the Out-of-State Request Policy and Procedure on Pages 8 & 9 for guidelines when processing Out-of-State requests, including 12VAC30-10-120.

The provider needs to determine items 1 through 4 at the time of the request to the Contractor. If the provider is unable to establish one of the four KEPRO will:

- Pend the request utilizing established provider pend timeframes
- Have the provider research and support one of the items above and submit back to the Contractor their findings



# OUT-OF-STATE PROVIDERS SUBMITTEING REQUESTS FOR SERVICE REQUESTS

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## Specific Information for Out-of-State Providers

Out-of-State providers are held to the same service authorization processing rules as in state providers and must be enrolled with Virginia Medicaid prior to submitting a request for Out-of-State services to Acentra. If the provider is not enrolled as a participating provider with Virginia Medicaid, the provider is encouraged to submit the request to Acentra, as timeliness of the request will be considered in the review process. Acentra will pend the request back to the provider for 12 business days to allow the provider to become successfully enrolled.

If Acentra receives the information in response to the pend for the provider's enrollment from the newly enrolled provider within the 12 business days, the request will then continue through the review process and a final determination will be made on the service request.



## OUT-OF-STATE PROVIDERS SUBMITTING REQUESTS FOR SERVICE AUTHORIZATION CONTINUED

### Specific Information for Out-of-State Providers

If the request was pended for no provider enrollment and Acentra does not receive the information to complete the processing of the request within the 12 business days, Acentra will reject the request back to the provider, as the service authorization can not be entered into MMIS without the providers National Provider Identification (NPI).

Once the provider is successfully enrolled, the provider must resubmit the entire request.

Out-of-State providers may enroll with Virginia Medicaid by going to <https://www.viriniamedicaid.dmas.virginia.gov/wps/myportal/ProviderEnrollment>. At the toolbar at the top of the page, click on *Provider Services* and then *Provider Enrollment* in the drop down box. It may take up to 10 business days to become a Virginia participating provider.



# Tips For Successful Requests

- Submit the correct Atypical Provider Identifier (API)/National Provider Identifier (NPI) number for the procedure code being requested.
- Servicing Provider = The provider API/NPI number who will provide the service.
- Submitting Provider = The provider submitting the SRV AUTH Request as the referring provider.
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THANK YOU

Acentra

HEALTH

Accelerating  
Better Outcomes