



# PROVIDER QUICK TIPS

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## Medical Assistance (MA) Claims for Advanced Radiologic Imaging Services

**Attention:** Effective December 1, 2014, the Department of Human Services (the department) formerly the Department of Human Services, will perform prior authorization of Advanced Radiology Imaging Services. NIA Magellan will no longer perform prior authorization of these services. Please refer to Medical Assistance Bulletin (MAB) 01-14-42 for more information.

<http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=01-14-42>

To request prior authorization, please contact 1-800-537-8862 Option #1, Option #3, Option #3 Monday through Friday between the hours of 7:30am and 4:00pm. (excluding state and federal holidays)

Helpful hints for providers:

### 1) All providers – Instructions for Emergency Advanced Radiologic Images

If you have a patient in need of an advanced radiologic image, *in an emergency*, prior authorization is **not** required. You may bill without a prior authorization number, but you must indicate your claim is an emergency by using the Emergency Indicator. You should not redirect your patient to the emergency room, unless it is medically appropriate. This rule applies to all providers and prescribers of advanced radiologic images to ensure patients receive the immediate medical attention they need in an emergency. Patients with elective, non-emergency procedures should not be directed to the emergency room under any circumstances.

### 2) Prescribers – Is the Rendering Provider Billing Global or Technical?

When calling for prior authorization for advanced radiologic images, please have the correct billing method for rendering providers available at the time of your request. If you do not know the correct billing method, please check with the rendering provider before phoning in your authorization request.

The rendering provider billing method should be *either* global or technical component. If the rendering facility bills for the **technical component** only, please inform the authorization representative that the “TC” modifier is required for the rendering facility’s billing.

Similarly, prescribers of advanced radiologic imaging, where the rendering provider bills globally, please inform the authorization representative that the authorization requires **global** billing. The “TC” modifier should not be requested in these instances.

### 3) Radiology Readers -- Billing Reminder

In order to pay claims for readers of advanced radiologic images billing with a “26” modifier, claims must be submitted **without a prior authorization number**. If a claim is submitted with a prior authorization number with the “26” modifier in Place of Service 22 or 23, the claim **will deny due to Error Status Code 3027** which indicates: “THE PROVIDER MA ID NUMBER ON THE INVOICE DOES NOT MATCH THE PROVIDER MA ID NUMBER ON THE APPROVED PRIOR AUTHORIZATION REQUEST” and the payment will not be processed. If the reading is for an advanced radiologic imaging service not listed on the MA Fee Schedule, the radiology reader will need a separate program exception in order to pay the claim.

Thank you for your service to our MA recipients.  
We value your participation.  
Check the department’s website often at: [www.dhs.pa.gov](http://www.dhs.pa.gov)



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