

## North Carolina Medicaid Provider Orientation Frequently Asked Questions

### Medicaid & Claims

- **Are recipients of MIC (Medicaid for infants and children) new born to 5yrs exempt from the program?**  
No. All recipients with standard Medicaid require authorization.
- **If Medicaid is secondary to Medicare, auth is not required. Does that apply with other primary insurances?**  
Yes. If Medicaid is secondary to Medicare or other commercial carriers, auth is not required.
- **Will all Medicaid approved providers be set up on the MedSolutions website?**  
Yes.
- **Will we be preauthorizing Presumptive Medicaid members? Where they are still in the process of trying to qualify but have not. They will not have an identification number; however it is covered while they are under this.**  
There is a retro-review process in place for those recipients who receive retroactive eligibility. Please use the new retro review fax form. You must provide proof of retro-eligibility and medical appropriateness.
- **Will auth number need to be included on claim form?**  
No. Claims will be matched to authorizations automatically in the claims payment system.
- **If for some reason Medicaid denies the claim & we have auth, do we contact Medsolutions or Medicaid?**  
Contact Medicaid. The appeals process will remain the same.
- **If a patient is sent to a free-standing imaging center from an urgent care visit, should the professional claim have the U2 modifier or is this just for the facility?**  
Both the professional and institutional claims would use the U2 modifier to identify the recipient was referred through the ER or an urgent care facility.
- **When should the U2 modifier be used?**  
If a service was provided through the ER, Urgent Care, or as a referral from these facilities, you need to append the modifier U2 to the claim. This identified that the service was provided there and does not require prior authorization.
- **For imaging services that do not require authorization, will those services need to be billed with a CPT code on the claim?**  
If the provider is using a RC code from the table attached that has a "Y" for CPT code required then yes even if PA is not required for that CPT code the CPT code would still need to be billed.  
If the RC code has an "N" for CPT code required than they do not have to bill with a CPT code.
- **If a recipient does not require authorization, how will our office be able to identify them?**  
MedSolutions will show the patient as having a "Non-Delegated" program. Also, the option to create an authorization request will be unavailable.

### Accuracy Assessment

- **Which providers must complete the accuracy assessment?**  
If your office has the capability of performing any of the scans that require authorization, each physical location must complete the accuracy assessment.
- **I went to the website [www.accuracygmt.com](http://www.accuracygmt.com) and I need a login ID. Where would I get that from?**  
Login ID's were mailed to provider offices, if you did not receive your letter or misplaced it, contact MedSolutions' Accuracy Management Department at 800-457-2759 between 9am and 6pm EST.
- **My physician works at a hospital however his office is outpatient. The hospital is credentialed and has accreditations; does he need to be recognized as a site? They use the hospitals credentials.**  
If the ultrasounds are billed through the hospital and the ultrasound equipment is part of the radiology department, then no. Otherwise, yes.
- **How do I know if our location has gone through the accuracy process?**  
First, check with your office manager. If you are still unsure, contact MedSolutions' Accuracy Management Department at 800-457-2759 between 9am and 6pm EST
- **Our accredited hospital runs an OB/GYN clinic that performs ultrasounds at the clinic. Does the clinic have to complete an accuracy assessment or does the accredited "owning" hospital cover the OB/GYN clinic facility?**  
If the imaging equipment and the clinic are physically within the hospital and included in the hospital's accreditation, then accuracy assessment is not required. If it is an ancillary facility, they must complete it.
- **With regard to accreditation for ultrasound, do you need to be accredited for each type of ultrasound? For example: OB accreditation AND vascular accreditation.**  
Not necessarily. If the services provided meet the minimum accuracy management requirements, you can become approved in lieu of an accreditation. Accreditation of any service grants a provider "auto approval" for that service in the accuracy management process.

## Authorizations

- **Will I be able to tell if a Medicaid recipient is in a program that does not require authorization?**  
Yes. These recipients will be loaded into the MedSolutions database as "Non-Delegated".
- **Who do we call if our physician or facility demographic information, such as address or tax-ID number, is incorrect in the MedSolutions' system?**  
Contact CSC at <http://www.nctracks.nc.gov/> to get the information corrected. MedSolutions is unable to update provider record information provided by NC DMA.
- **May podiatrists be approved for diagnostic ultrasound services in their office practices?**  
Yes, podiatrists are permitted to do diagnostic ultrasounds of the foot and lower leg if approved through the accuracy assessment process.
- **If an imaging appointment is made with Prior Approval, and then rescheduled to another day, will another Prior approval be needed, or is the first one good for a specific period of time?**  
Authorizations for NC Medicaid are valid for specific CPT code(s) and expire after 30 calendar days. If the date of service falls outside of the approved 30 day window, call MedSolutions customer service for an update. 888-693-3211
- **Once a request is submitted, how long should it take to get a response back?**  
Responses to authorization requests will be sent within 3 business days or less. For real-time request status, you may use [www.medsolutionsonline.com](http://www.medsolutionsonline.com) or 888-693-3211.

- **Does the referring MD need to have a date before they get Prior Auth or can they schedule and then give MedSolutions the DOS?**  
As long as the date of service falls within the 30 day window for authorizations, MedSolutions will not need to know the specific date of service. However, for retro-active requests, MedSolutions will need to know the exact DOS.
- **As a hospital or performing provider, will we be able to obtain prior authorizations?**  
Any enrolled Medicaid provider may request an authorization. MedSolutions will need information to support medical necessity for each request.
- **Is prior authorization required if a patient has an order from the ER or urgent care clinic for an MRI, CT or ultrasound scan prior to follow up with primary care or specialist?**  
No, prior authorization is not required for imaging studies ordered during an ER or urgent care clinic visit. The October DMA bulletin contains specific billing instructions, including the use of the "U2" modifier with the CPT code to indicate studies in this category.
- **In our office, we may order a CT scan and then schedule the patient for a repeat CT in 2-3 weeks will it be a problem approving the second one with-in that time frame?**  
All requests that meet medical appropriateness criteria will be approved.
- **For an OB patient, it would not be known which approach would be needed prior to the patient being scanned; whether transabdominal or transvaginal. Would we need to have both CPTs approved prior to performing the study?**  
Providers can submit either CPT code for prior approval and then request a change to the authorization if a different CPT code was required at the time of service. Alternatively, requests for OB Ultrasounds may be submitted up to 2 business days after the date of service regardless of clinical urgency. MedSolutions will ask for the exact CPTs performed and approve based on medical appropriateness criteria.
- **If a patient is not able to receive contrast and the CPT code changes, is the auth still valid?**  
No. The authorization must be updated to cover the exact CPT(s) performed. Changes to an existing auth can be made by calling 888-693-3211.
- **I usually call our small hospital to request a study without having to give a CPT code. How do I learn the appropriate CPT code or will you be giving that to me at the time of approval?**  
MedSolutions will be able to supply CPT codes, if needed, during the prior authorization process. If you would like to familiarize yourself with CPT codes, a full list of codes that require auth can be found at <http://www.dhhs.state.nc.us/dma/bulletin/0909bulletin.htm#paradio>
- **For retroactive auth for OB patients, will the MedSolutions website automatically allow retro reviews for weekends that have a holiday preceding or following?**  
Yes. The website retro selection runs on business days.
- **As the primary care physician, if we refer to a neurologist and they decide a CT is needed, who acquires authorization?**  
The neurologist, as the ordering provider, is the most appropriate office to request the authorization in this situation.
- **Which gets a quicker response, online, fax or phone?**  
To submit a request for authorization, online is usually the fastest. MedSolutions response times are the same for all three. Many requests can receive immediate approval when submitted via the web portal or phone. Fax requests are processed as received and the provider will not receive an immediate response.
- **Does the requesting provider have to be MD or can they be PA/NP?**  
If the provider is an enrolled provider with Medicaid, they are able to request authorizations.

- **If OB Ultrasounds are done in a Public Health Department do they require prior authorization?**  
Yes, all OBUS will require prior authorization as of January 1, 2010, even those performed in public health departments. We are currently conducting assessments of all non-hospital based ultrasound providers in advance of this requirement. If your site has not already completed the application, please contact our Accuracy Management Department (800) 457 2759 between 9:00 a.m. to 6:00 p.m., EST, Monday through Friday to receive instructions for accessing the online application.
- **Is OB 3-D ultrasound allowed?**  
All OB ultrasounds will require prior authorization beginning 1/1/10. One ultrasound is permitted per pregnancy with no requirement for clinical review. All subsequent ultrasounds and related imaging codes require demonstration of medical appropriateness. Check the DMA coverage policies for any questions on covered benefits relating to OB services.
- **Do prostate ultrasounds have to have prior approval?**  
Yes.
- **If I have a radiology test that needs approval and I want to schedule for the patient on 11/2/09, when can I request the authorization?**  
MedSolutions will accept CT, MR, and PET requests for November dates of service beginning October 19, 2009. Ultrasound requests can be submitted beginning December 15, 2009 for January dates of service.
- **On high risk OB patients, we do several ultrasounds a week. Will we will need a separate PA for each one?**  
Yes, each one will need a separate PA and all after the first must meet medical appropriateness.
- **CPT code 76946 is not on the CPT code list however it is Ultrasound guidance for an amniocentesis (59000). Will this code require PA?**  
No- ultrasound guided procedures do not require prior auth.
- **Would a study ordered by a physician during an inpatient stay, but performed as an outpatient need prior approval?**

Yes. The exception applies to ER or urgent care referrals only.