

## PRE-AUTHORIZATION SERVICES FOR REFERRERS

### Process Overview

After University Radiology has provided your practice with an implementation/go-live date, your staff can begin faxing all authorization requests and the supporting documents to our Pre-Authorization department.

All Pre-Authorization Requests must include the following documents:

- 1** University Radiology Prescription
- 2** Copy of both sides of all active insurance cards
- 3** All supporting clinical information

Requests should only be sent for all radiology services requiring pre-authorization only. At this time, CMS does not require pre-authorization for patients with traditional Medicare Part B coverage. Pre-authorization is not required by secondary carriers.

*No Fault carriers, Worker Compensation cases, and STAT requests will be handled by the referring physician offices.*

Your requests for pre-authorization will be processed 24-48 business hours after the faxed Pre-Authorization Request form is received.

Our Pre-Authorization staff will contact all of your designated representatives via email to notify them if the authorization:

- is denied by the carrier
- requires a Peer-to-Peer review
- requires additional clinical information
- University Radiology does not participate with the patients' health plan

Once an authorization is approved, our Scheduling department will make three attempts on three separate days to reach the patient to schedule the exam as indicated on the prescription.

If our Scheduling department is unable to reach the patient, an email will be sent from University Radiology to all of the designated representatives at your practice.

If the University Radiology imaging center the patient has requested is not available within the desired time frame, the patient will be given the choice to schedule at a different University Radiology office (provided their insurance is taken at the alternate site).

The designated representatives at your practice will have access to the following information for each patient on a daily basis:

- Imaging Center location of Scheduled Exam
- Appointment Date and Time
- Patient Name and Date of Birth
- Appointment Exam Description
- Referring Provider