



Hackensack
Meridian *Health*
Palisades Medical Center

Pre-Authorization Program for Diagnostic Imaging Studies

E-Z Pre-Authorization **ELECTRONICALLY**

P: 201-295-4040 | F: 201-295-4046

Hackensack Meridian Health Pre-Authorization Program

Overview

The Pre-Authorization program provides a high quality, timely service for diagnostic imaging and cardiovascular procedures pre-authorization requests. The diagnostic imaging requests include computed tomography (CT), computed tomography angiography (CTA), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), nuclear medicine (NM), and cardiovascular procedures.

The pre-authorization specialists will work on the request from start to finish and promptly notify you of the status of your request. This includes determining if pre-authorization is required, contacting the appropriate insurance company and/or third party administrator, following up and completing all paperwork.

The goal is to provide a high quality service that reduces the amount of time you spend on administrative and insurance paperwork which allows you to focus more on what matters most, the patient.

How the Process Works

Physician Process

- The physician determines if there is a need for a procedure.
- The physician creates an order in the EMR (electronic health record).

Pre-Authorization Specialists Process

- The specialists will obtain as much of the required documentation as possible through the Ordering Physician's EMR, and will follow up with the Ordering Physician to obtain all required documentation.
- The specialists will determine if the paperwork is complete.
 - If it is, the specialist will contact the appropriate insurance provider.
 - If it is not, the specialist will send the order back asking the physician/office manager for the additional information.
- The specialists will verify if pre-authorization is required with the patient's insurance plan.
 - If pre-authorization IS NOT required, the specialist will document all information, contact the patient to confirm their choice of facility, and fax the script to the appropriate facility.
 - If pre-authorization IS required, the specialist will submit the necessary clinical information from the patient's record. If the patient selects a Hackensack Meridian facility, the appointment will be scheduled. If the patient selects a non-Hackensack Meridian facility, the pre-authorization is provided to the patient to schedule the appointment.
- After the clinical information has been submitted, the specialists will notify the Ordering Physician of the determination and provide copies of the decision and supporting information.
 - If approved, the specialist will document all information, contact the patient to confirm their choice of facility, fax the script to the appropriate facility for scheduling.
 - If denied, the specialist will contact the Ordering Physician to determine the next steps and resubmit for reconsideration, if necessary.
 - If the request is in clinical review, the specialist will notify the Ordering Physician and follow up with the insurance provider after the standard review period.
 - If a peer to peer is required, the specialist will notify the Ordering Physician and provide all contact information for Physician to perform the peer to peer.
 - Once peer to peer is done, the Ordering Physician's office will notify the Concierge's specialist of outcome.

- The specialists will make two attempts to contact the patient to advise them that the pre-authorization has been obtained and to schedule an appointment.

Program Benefits

- Reduce the amount of time the office staff spends on the phone with insurance companies to focus more attention on the patient and other office duties.
- The specialists will coordinate all aspects of the pre-authorization process including the appeals process, faxing scripts, and contacting the patient to schedule their test.
- Scheduling and registering services will be provided for those patients using Hackensack Meridian facilities.
- All documentation is centralized to the EMR and linked directly to the patient's record.
- The Pre-Authorization Program adheres to all HIPAA policies and procedures.

Pre-Authorization Request Order

The order must be sent over completed with all information needed to submit for a pre-authorization. This includes:

- Updated and correct patient demographic information
- Updated and correct insurance and insurance card(s)
- Name of the test with specific body part, if necessary
- Type of contrast, if necessary
- Facility patient prefers
- Sufficient physician notes and clinical information to support test
- Diagnosis

To Get Started

You will need to enroll in the Hackensack Meridian Health Pre-authorization Program by faxing the completed Program Agreement form to us at **201-295-4046**. If you have any additional questions about the program or enrollment process, please contact the Director of Patient Access Services at **201-295-4028**.

Frequently Asked Questions

What services does the Hackensack Meridian Health Pre-Authorization Program offer?

The Hackensack Meridian Health Pre-Authorization Program offers insurance authorization services for diagnostic imaging studies. The diagnostic imaging requests include computed tomography (CT), computed tomography angiography (CTA), magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), nuclear medicine (NM) and cardiovascular procedures.

Is there a minimum charge?

No, there is no charge for this service.

Do I have to send my patients to a Hackensack Meridian facility?

The patient has the option to decide, along with their physician, which facility is best for their care.

How do I know when a pre-authorization has been obtained?

Once the Hackensack Meridian Health Pre-Authorization specialist has submitted the necessary information and the insurance company has made a determination, we will notify you via EMR flag. If your office has another preference such as via fax, email or phone, please be sure to note that on the enrollment form.