



## Policies and Procedures for Arizona Priority Care:

### **DIRECT REFERRALS (X): Diagnostic X-Ray, Fluoroscopy, Mammography, Ultrasound & DEXA**

- Please provide the patient with a completed direct referral form.
- X-Rays: Walk-in patients will be taken within the limits of the day's schedule for Diagnostic X-Ray.
- Fluoroscopy, Mammography & Ultrasound: patients to call iSELECT or Simon Medical Imaging scheduling department for an appointment.

### **PRIOR AUTHORIZATIONS (A) (FFS): MRI, MRA, CT, CTA, Specials, Nuclear Medicine & PET/CT**

(iSELECT will be providing Utilization Management services for your patients who need advanced imaging studies)

- All non-emergent requests for these services shall require authorization prior to scheduling. The requesting physician shall complete an **Arizona Priority Care Prior Authorization form** and submit to iSELECT UM Department via fax at (800) 398-1388.
- In case of an emergency/STAT, the requesting provider will call iSELECT scheduling department for an appointment during normal business hours at (602) 309-8156.
- The UM staff will consider the medical necessity and appropriateness of the request and if recommended, will notify the physician and iSELECT scheduling.
- If properly completed and legible, routine requests will be handled within 3 business days of receipt. More urgent request should be designated as "URGENT" and will be handled within 1 business day.
- Requests may be pended for additional information and will be held for 3 business days for routine and 1 business day for urgent before being returned to the ordering physician.
- Requesting physicians and **Arizona Priority Care** will be notified of cases not recommended for approval. Appeals should be directed to the **Arizona Priority Care** Medical Director. Should there be a disagreement as to the disposition of the request, the **Arizona Priority Care** medical director will serve as the final authority to approve or deny the service.
- MRI, MRA, CT, CTA, DEXA, Specials, Nuclear Medicine & PET/CT: Once authorization has been obtained a iSELECT scheduler shall contact the patient for an appointment.

## UM Status Determination; Definitions

**Recommend:** The requested exam is recommended for scheduling.

**Hold:** The request is being held for additional information. The requested exam has been pended. Routine requests are held for 2 business days. Urgent requests will be held for 1 business day.

**Recommend, alternative:** An alternate exam has been recommended.

**Recommend, by medical group:** The exam requested has been approved for scheduling by the medical director. Approved by overturning iSELECT's recommendation.

**Not recommend, medically unnecessary:** The request for testing is not recommended, as considered medically unnecessary.

**Returned to Medical Group, medical necessity not established:** There is insufficient clinical information to make a determination regarding the necessity of the exam requested.

**Returned:** The request for service has been returned. See comments for explanation.

**Withdrawn:** The referring physician has withdrawn this request.

**Not covered:** The exam/procedure requested is not covered.

**Not radiology:** The service requested is not a radiology exam.

***\*\*Note: the above determinations are considered provisional as the Medical Group has the final right to approve or deny a request.***