

November 20, 2009

RE: Reminder – Prior Authorization Required for MRI Coverage

Dear Provider,

Our records indicate your facility provides knee, cervical and/or lumbar Magnetic Resonance Imaging (MRI) scans. As a reminder, **these MRI scans require prior authorization** to be covered as a Passport Health Plan (PHP) benefit. Failure to obtain prior authorization for these MRI services will result in an administrative denial of the service.

As outlined in Section 6.4 of the Plan's *Provider Manual*, prior authorization requests must be received by the Utilization Management (UM) department within:

- **14 business days** prior to provision of the service for **elective services**; and
- **One business day** of the provision of services for **urgent and emergent services**.

Submit all prior authorization requests for knee, cervical and/or lumbar MRIs by:

- **Telephone/Fax**
Call the UM department at (800) 578-0636 between the hours of 8 a.m. and 5:30 p.m. Monday through Friday, except holidays. Requests may be faxed to (502) 585-7989.
- **iEXCHANGE® Web-Based Auto-Review System**
This free online service requires enrollment. For additional information or to be enrolled, please contact the iEXCHANGE® Provider Training Specialist at (502) 585-8224.

Once authorized, the assigned authorization number must appear on the claim submitted for the service. To confirm an authorization, please contact Provider Services at (800) 578-0775 or verify via iEXCHANGE® (if you are an enrolled user).

For more information regarding the prior authorization process, please contact the UM department at (800) 578-0636 or refer to Section 6.0 of the Plan's *Provider Manual*, available online at www.passporthealthplan.com/providercenter.

Sincerely,



Denise Schifano
Associate Vice President, Provider Relations