

**Health Services  
Office of Medical Assistance Programs**

Joan M. Kapowich, Manager  
OMAP Program and Policy Section

**Authorized Signature**

**Number:** OMAP IM 05-127

**Issue Date:** 9/2/05

**Topic:** Medical Benefits

**Subject:** New Imaging Prior Notification process

**Applies to (check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors                  |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services                                 |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities            |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): OMAP + plans |

**Message:** OMAP is mailing affected providers the attached announcement, telling them of a new policy requiring them to fax us a Prior Notification form before referring OHP clients for several types of diagnostic tests (OAR 410-130-0200). We will be sending follow-up reminders as RA stuffers for three weeks in October. If individual providers fail to comply, we will mail them individual letters.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Allison Knight, OMAP Program and Policy Section		
<b>Phone:</b>	503-945-6590		
<b>E-mail:</b>	<a href="mailto:allison.knight@state.or.us">allison.knight@state.or.us</a>		



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services Health Services

*Office of Medical Assistance Programs*

500 Summer Street NE, E35

Salem, OR 97301-1077

Voice (503) 945-5772

FAX (503) 373-7689

TTY (503) 378-6791

September 1, 2005

To: OMAP Providers

From: Joan M. Kapowich, Manager  
Program and Policy Section



Subject: New Imaging Prior Notification process

Beginning October 1, 2005, OMAP will require you to give us Prior Notification before ordering a non-emergent MRI, MRA, CT, CTA or SPECT scan in an outpatient setting for OHP fee-for-service clients.

Providers will complete an Imaging Prior Notification (IPN) form (attached) and fax it to us. You do not have to wait for authorization, as none is required, nor will you use any special PA numbers on your claim.

OMAP will use the IPN forms to track the use of the targeted tests and share our findings with the Oregon Health Services Commission (HSC). The HSC's charge is to examine evidence-based practices and analyze both clinical-effectiveness and cost-effectiveness for services on the Prioritized List of Health Services.

We've documented this policy change in proposed Medical-Surgical rule OAR 410-130-0200 and Hospital rule OAR 410-125-0080. The radiology codes for affected tests are listed in Table 130-0200-2. See the text of both rules on OMAP's proposed rules Web page at

<http://www.dhs.state.or.us/policy/healthplan/rules/notices.html>.

We will outline the process to follow and include a form in the Medical-Surgical Supplemental Information booklet, which is found online, along with the Administrative Rules, at

<http://www.dhs.state.or.us/policy/healthplan/guides/medsurg/main.html>.

If you have any comments about the new rules, feel free to submit them to our Rules Coordinator by, or attend the Public Hearing on, September 19, 2005. Contact [dar.l.nelson@state.or.us](mailto:dar.l.nelson@state.or.us) by e-mail, fax (503) 945-6873, or at OMAP Communications, E-35, 500 Summer St. NE, Salem, OR 97301-1077

*"Assisting People to Become Independent, Healthy and Safe"*

**An Equal Opportunity Employer**

OMAP CU Sept. 05-151



## Imaging Prior Notification fax form

<b>Client's name:</b>	<b>Request date:</b>
<b>Client's prime ID:</b>	<b>M      F      DOB:</b>
<b>ICD-9 diagnosis code(s):</b> Unknown	
<b>Referring provider name:</b>	<b>OMAP provider number:</b>
<b>Contact person:</b>	<b>Phone number:</b>
<b>Imaging test ordered today:</b> <b>MRI      MRA      CT      CTA      SPECT</b>	
<b>Name of imaging facility client referred to for test:</b>	<b>On-site      Off-site facility</b>
<b>Imaging tests previously ordered (check all that apply to this client):</b> <b>MRI      MRA      CT      CTA      SPECT      X-ray      Ultrasound</b> <b>Other:</b>	
<b>Reason for test:</b> <b>Diagnosis unclear      Diagnosis known, but results needed for treatment</b> <b>Follow-up for recurrence      Client request      Other:</b>	
<b>Thank you! Please fax this form to us at (503) 378-2771</b>	