

PROVIDER BULLETIN

No. 10-08

April 6, 2010

TO: Medical Providers

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Nola J. Pollmann, Program Specialist

RE: Clarification of radiology prior authorizations

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL AND BILLING STAFF

The radiology prior authorization program applies to all fee-for-service Medicaid clients.

There has been some confusion regarding the definition of dual eligibles. Dual eligibles are defined as those persons dually eligible for Medicare and Medicaid during the same period of time. See 471 NAC 3-004.01. Dual eligible clients do not require prior authorization for advanced radiological procedures.

Those recipients with Medicaid secondary to other private insurance (commercial or casualty) do require a prior authorization for advanced radiology procedures when billing to Medicaid and the authorization must be completed prior to the scan being performed (471 NAC 18-004.30A).

For further clarification or questions please contact Nola Pollmann at 402-471-9342 or nola.pollmann@nebraska.gov.