

This is an example of a Prior Authorization for a patient to receive an MRI. It shows the countless hours of back and forth with insurance company, patient, other providers to get the test approved. Meanwhile, his condition deteriorated. Tell the legislators to either read the John Grisham book "The Rainmaker" or watch the movie. That is EXACTLY what we deal with. Meanwhile, the patient suffers. And think of how much money the insurance company would have saved (xrays, meds, 6 weeks of PT, etc) if they had just authorized the MRI in the first place.

10/20 PCP saw a patient for new patient appt and he stated he was having neck pain with radiation down his arm. She ordered physical therapy and gave him a muscle relaxant.

11/1- pt went to see his chiropractor for treatment.

11/2- pt called clinic requesting a steroid burst at his chiropractor's recommendation. Steroid Rx given.

11/10- follow up appt- Another round of steroids, PT re-ordered and **MRI ordered** at Cottage Hospital in NH.

11/17- our referrals dept called VT Blue Cross processor Carelon to obtain authorization. He was told the approval needed to come from NH Blue Cross because that is where the test would be performed. MRI was denied because the patient had not completed a course of physical therapy.

12/1- follow up appt- MRI ordered again. Pt starting PT this week.

12/5- started PT. Referrals dept sent all notes to NH BCBS.

12/6- Received fax from NH BCBS that they needed more information but did not identify exactly what information they were missing. Called and spoke to NH BCBS and notified that Cottage Hospital was not in network with the insurance company. Facility was changed to DHMC.

12/19- checked on status of auth. Advised they have 15 days to respond

12/21- No response- case expedited to Carelon Medical Director

12/29- received denial letter stating all criteria had not been met

1/3- called Appeals dept. Left message requesting call back.

1/5- received call stating they never got the original fax despite the fact we had confirmation that fax went through.

1/9- call from pt asking for status- he called his insurance company and they said they were waiting for decision from NH BCBS .

1/16- received a fax back from Carelon that stated that the authorization had to come from VT BCBS because the test was being performed there, which it is not. Called Carelon to discuss and they could not even find the patient in the system by name, DOB, member ID or case #. Tried to reach VT BCBS again today and was on hold for over 90 minutes.

Completed the Prior Auth form and faxed it, along with all notes, and a 2 page letter outlining the course we had gone through to get the test approved. Faxed it to VT BCBS tonight and requested an Urgent response.

1/22- Order sent to CVMC. MRI Questionnaire completed and faxed to EC. PA form and supporting documentation sent to VT BCBS.

1/31- called VT BCBS and spent 57 minutes on the phone being transferred 4 times. Asked them to please expedite the urgent request as it has been in the works now for 2 months. The rep said she would do so. We received nothing today.

2/5- Per Kate N. w/BCBS request denied.

2/6- Called BCBS and spent 20 min trying to get a rep on the phone. Finally, they said it was denied because patient had not had any plain films done, although they had never mentioned this was an issue until now. Plain films ordered.

2/9- Plain films report faxed to insurance.

2/12- Scheduled Peer to Peer with our provider and BCBS Medical Director-

2/13- Peer to Peer approved after a 2 minute phone call with our provider. Was informed the hard copy would be faxed to us. 2/19- BCBS Authorization has been scanned into patients chart. Order and authorization faxed to CVMC.

3/6- MRI performed and resulted. Further CT scan imaging needed.

3/8- CT scan ordered. Prior Auth request had to be filed on paper because "patient not in Carelon system per Carelon." Faxed to BCBS, they have 2 weeks to make decision. Faxed standard PA request form, 12.01.23 visit note, 02.13.24 peer to peer note, 02.16.24 visit note, 03.07.24 phone note, 02.08.24 cottage x-ray report, 03.06 CVMC MRI results

3/26- no approval yet- called and spoke with VT BCBS FEP and asked for expedited review

4/2- **Per BCBS Holly- approved 3/25-5/25/24**