



Reasons:

- To improve patient safety and quality of care through appropriate radiological testing.
- To manage HealthPlus of Michigan's radiology costs and utilization compared to benchmarks.

Implementation Date:

- High Tech Authorizations – December 1, 2005
- In-Office Privileging – January 1, 2006

Vendor:

- CareCore National, serving 12 million covered lives
- Licensed Healthcare professionals perform certification
- NCQA certified, URAC accredited

Program Specifics:

- Prior Authorization Program:
 - o Outpatient, non-ER, high-tech
 - CT/CTA
 - MRI/MRA
 - PET
 - Nuclear Medicine
 - Nuclear Cardiology
 - o Lines of Business:
 - HPI/PPO
 - Commercial / Mi Child
 - Medicare Advantage
 - Medicaid
 - TPA (self-funded)
 - Where HealthPlus is secondary to other commercial carriers (same as in-patient authorization process)
 - County Health Plans (excludes Nuclear Medicine and Nuclear Cardiology modalities)
 - Plan A – No authorization required for Nuclear Medicine and Nuclear Cardiology modalities
 - Plan B – **Not** a covered benefit for Nuclear Medicine and Nuclear Cardiology modalities
 - Excluded – Medicare Supplemental
 - o Ordering physician obtains prior authorization from CareCore. This will not always be the Primary Care Physician, but the current treating (PCP or specialist) physician.
 - o One authorization number is assigned per CPT code.
 - o Authorization will be code specific w/a pre-determined substitution code list to allow for slight modification of certain tests upon patient presentation (e.g. CT with Contrast).
 - If Contrast is added to an MRI that was approved without, the rendering site must contact CareCore within 2 business days to upgrade the authorization. Clinical indications for adding contrast must be provided. If CareCore is not contacted or upgraded CPT code is not approved, HealthPlus will reimburse the facility for the without contrast test.
 - Contrast added to CT Scans does not need to be sent in to CareCore. HealthPlus will reimburse the facility for the test performed and billed.

Note to ordering physicians: If the test is approved without contrast and you requested with contrast, schedule the member for the test and allow the radiologist to determine if contrast is necessary.

Physician Authorization Process:

- Ordering Physician determines test is needed.
- Ordering Physician's office provides clinical information (patient signs and symptoms, previous diagnostic imaging with results, prior management including any medications, dose and duration) to CareCore and requests authorization via:
 - o Fax 1-866-466-6964
 - o Phone 1-800-792-8744
 - o Web www.carecorenational.com



HEALTHPLUS OF MICHIGAN
IMAGING MANAGEMENT PROGRAM
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- CareCore clinical staff reviews information:
 - Issues authorization if appropriate.
 - A physician-to-physician conversation is available upon request. Phone 1-800-792-8744 ext 11858
 - Upon decision made by CareCore:
 - Immediate outbound call and notification fax to ordering physician
 - Mailed notification letter to member
 - Follow up notification fax sent at close of business day to ordering physician

Physician offices may check the Care Core web site for authorizations. Provider ID, Patient ID and birth date are required.
- Physician office schedules test if normal practice.
- Requests initiated by phone average approximately 8 minutes; fax/web requests will result in determination within two business days. *Note: Complete clinical information is key to quick turnaround. Use Fax Form as a guide for phone calls*
- Physicians may appeal denials to CareCore on behalf of member.
- If the case is MEDICALLY URGENT, meaning a delay in imaging may result in an unforeseen illness, injury or condition with clinical circumstances, the office can notify CareCore and will have an answer within 3 hours.
- Note: The ordering physician may obtain authorization after the service if provided on an STAT basis outside of CareCore business hours (7PM – 7AM). The ordering physician must contact CareCore within two business days of the service to request an authorization.

Hospital/Freestanding Site Process:

- Patient registration may verify prior authorization by one of these options:
 - Requesting approval notification from the ordering physician
 - Requesting approval letter from the member.
 - Visiting the CareCore website: www.carecorenational.com. Provider ID, patient ID and birth date is needed for verification.
 - Calling CareCore Customer Service at 1-800-792-8744.
- If exam is approved and prior authorization number is verified, patient may receive services.
- The approved authorization number will begin with the letter “A”. The authorization is not required on the claim.
- If exam is not approved or prior authorization has not been obtained, contact CareCore Customer Service to determine if authorization is in process. If not in process, contact the ordering physician.
- Authorization will be code specific w/a pre-determined substitution code list to allow for slight modification of certain tests upon patient presentation (e.g. CT with Contrast).
 - If Contrast is added to an MRI that was approved without, the rendering site must contact CareCore within 2 business days to upgrade the authorization. Clinical indications for adding contrast must be provided. If CareCore is not contacted or upgraded CPT code is not approved, HealthPlus will reimburse the facility for the without contrast test.
 - Contrast added to CT Scans does not need to be sent in to CareCore. HealthPlus will reimburse the facility for the test performed and billed