

HEALTHPLUS IMAGING MANAGEMENT PROGRAM UPDATE – 3/15/06

HealthPlus implemented its imaging management program on 12/1/2005. We are pleased to provide this updated information to assist you and your office with this important quality and cost-effective program.

Removed Procedure Codes – These codes no longer require Prior Authorization:

76360 – CT Guidance Needle Biopsy

76645 – Breast Ultrasound (reminder; never required authorization)

Note: Invasive radiology is NOT included in the HealthPlus imaging management program and does not require prior authorization.

Forms available on HealthPlus Web site:

Effective 3/1/2006, all forms, program updates and additional information associated with our Imaging Management Program will be available on our web page at: <http://www.healthplus.org>. Go to “Provider” section. Scroll down to HealthPlus of Michigan / CareCore National Imaging Management Program

MRI Rendering Sites – Contrast Upgrades:

Effective 2/15/2006, any MRI authorized *with contrast* and is performed *with and without contrast* will no longer require a call to CareCore to upgrade the code. We have updated our claims payment system to pay the procedure that was performed. **Please continue to contact CareCore when the test is authorized without contrast and contrast is added.** Note: These requests can be done within 48 hours of the service. Addition of contrast requires clinical information. Requests can be made via phone at 1-800-792-8744 or fax using the CPT Change Out Form with clinical notes attached. The CPT Change Out Form is available on the HealthPlus Web site (available 3/15).

OB Ultrasounds - >3 requiring authorization:

The CareCore program requires authorization on patients receiving more than 3 ultrasounds. To assist our providers in tracking the number of ultrasounds a member has had, we are making this count office specific. Once a HealthPlus member has received 3 ultrasounds in your office, the 4th will need prior authorization from CareCore. Therefore, prior ultrasounds the member has had at other offices will not affect your count. Additional notes:

- First 3 tests are counted by CPT codes billed. E.g. office bills 76805 and 76817 (counts as 2).
- After that, authorizations given by CareCore will be by date of service. Based on the request, CareCore will authorize all codes needed for each date of service.
 - E.g. – member is carrying twins and will have a complete U/S and transvaginal U/S.
There will be 3 authorizations given: 76805, 76810 & 76817
- If member is high-risk, you can request up to 4 dates of service at one time.
- Multiple gestations will require an authorization from CareCore for 2nd and subsequent visits.
- A new fax form has been developed for ordering OB Ultrasounds. To receive a copy of this form, please call 810-230-2172 or visit the HealthPlus web site.

Offices performing X-rays - without an ARRT:

If you do not have a certified technician in your office, you may still be considered to perform tests in your office dependent on the training of the person in your office performing x-ray. HPM will need: formal education, years in practice, certificates for training, radiation training, types of tests performed, other information to support expertise in performing x-rays. You must also have completed and submitted a Facility Assessment Form (FAC). To receive a copy of the Non-ARRT application or the FAC Tool, please call 810-230-2172 or visit the HealthPlus Web site.

Urgent Requests:

If you believe the test is urgent, please notify the CareCore intake coordinator via phone (also if started via CareCore's webpage) or notate this on the FAX form across the top. A case is considered urgent when it is the result of an unforeseen illness, injury or condition with clinical circumstances making it unreasonable to delay imaging. ***Turnaround on urgent requests is 3 hours. Tests done in the Emergency Room do not require prior authorizations.***

Tests requiring written clinical notes:

Certain imaging tests will always require clinical notes to be faxed to CareCore when ordering. Those tests are denoted by a "!" on the prior authorization list. These include: CT of the Spine, MRIs of the Head, Spine, Upper Extremity, Lower Extremity, Breast and Needle Placement, and all PET Scans. Therefore, it will be more efficient to initially fax in these requests for authorization.

QUICK REFERENCE:

- CareCore Prior Auth – Phone: 1-800-792-8744
- CareCore Prior Auth – Fax: 1-866-466-6964
- CareCore Physician Line: 1-800-918-8924 ext 11858
 - For physician-to-physician discussions regarding prior authorizations

www.healthplus.org

www.carecorenational.com

Imaging Management Program forms/updates/CPT lists
Submitting or checking authorizations (member ID, birth date
and provider ID needed for checking authorizations)

HealthPlus will continue to work with physicians, offices, and CareCore to continually improve our processes. We appreciate your cooperation and assistance on this important quality program.