**HEALTHPLUS**
**IMAGING MANAGEMENT**
**PROGRAM**
**EDUCATION**

**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

**Program Components**

- Advanced Imaging Prior Authorization – December 1, 2005
- In-Office Privileging – January 1, 2006
- In-Office Imaging Quality Audits – August 1, 2011

**Vendor:**

- CareCore National, serving 45 million covered lives
- Only Licensed Healthcare professionals perform prior authorization
- NCQA certified, URAC accredited

**Imaging Management Program Specifics:**

- Prior Authorization **IS required** for Outpatient Advanced Imaging Services
- Prior Authorization **IS NOT required** for diagnostic imaging services provided in the Inpatient hospital, ER, OBS, or Urgent Care settings
- In-Office Privileging required to perform low tech imaging in the physician's office

**Advanced Imaging Testing includes:**

- CT/CTA
- MRI/MRA
- PET
- Nuclear Medicine
- Cardiac Nuclear

**Lines of Business Requiring Prior Authorization:**

- HPI/PPO
- Commercial / MI Child
- County Health Plan
- Medicare Advantage
- HealthPlus Partners (Medicaid)
- Healthy Michigan
- HealthPlus Options (self-funded TPA)
- HPI PPO
- When HealthPlus is secondary to other commercial carriers (same as in-patient authorization process)

***Note: Excluded for Medicare Supplemental packages W, S, and 1Y***

**Prior Authorization Process:**

- Prior authorization is obtained by the ordering physician (PCP or specialist)
- Ordering physician provides clinical information (patient signs and symptoms, previous diagnostic imaging with results, prior management including any medications, dose and duration) to CareCore and requests prior authorization via:

Web: www.carecorenational.com
Fax: 1-866-466-6964
Phone: 1-800-792-8744

- CareCore clinical staff review information and issue authorization if appropriate
- 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 office schedules test including prior auth approval number, if normal practice.

***Note: The ordering physician may obtain authorization after the service if provided on a MEDICALLY URGENT basis outside of CareCore business hours (Monday THRU Friday 7PM – 7AM). The ordering physician must contact CareCore with the medical necessity clinical info to support the testing.***

**Program Tips:**

- A physician-to-physician conversation is available upon request at 1-800-792-8744 ext. 11858
- Physician offices may check status on prior auth requests at www.carecorenational.com under Auth Lookup. Provider ID, Patient ID and birth date are required.
- One authorization number is assigned per CPT code
- Prior authorization requests will result in determination within two business days or
- sooner with complete medical documentation
- Note to ordering physicians: Complete clinical information is key to quick turnaround. Use Prior Auth request form for gathering medical info.
- 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.
- Physicians may appeal denials to CareCore on behalf of member. All first level appeals are processed through CareCore, EXCEPT for MedicarePlus Advantage member appeals. MedicarePlus Advantage appeals are processed through HPM. (Contact HPM Customer Services for direction at 1-800-332-9161).
- 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). Contrast added to CT Scans does not need to be approved through CareCore for up- grading. HealthPlus will reimburse the facility for the test performed and billed.
- If Contrast is added to an MRI, the rendering site must contact CareCore within 2 business days to upgrade the authorization and clinical indications for adding contrast must be provided.

***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. The rendering imaging facility will contact CareCore with the medical necessity clinical info to support the addition (upgrading) of the contrast.***

**Hospital/Freestanding Imaging Site Process:**

- Prior authorization number must be obtained prior to services being rendered, in order to assure payment.
- Patient registration may verify prior authorization by one of these options:
- Physician offices and rendering site may check status on prior auth requests at www.carecorenational.com under Auth Lookup. Provider ID, Patient ID and birth date are required.
- Contact CareCore Customer Service at 1-800-792-8744
- Request approved authorization number from the ordering physician prior to services
- Request approval letter from the member