HealthPlus Cardiology Prior Authorization Program
Frequently Asked Questions (FAQs)

Q: ***What is the HealthPlus Cardiology Prior Authorization Program?***
A: HealthPlus has contracted with CareCore National (CCN), an NCQA and URAC accredited specialty benefits management company to ensure requests for select outpatient diagnostic cardiology services meet evidence-based guidelines supported by the American College of Cardiology, American Heart Association and Heart Rhythm Society.

Q: ***What cardiology procedures are included in the Prior Authorization Program?***
A: The following procedures require Prior Authorization:

- Diagnostic Heart Catheterization (93452-61)
- Echo Stress Testing (93350-1)
- Transthoracic Echocardiography (93303-4, 93306-8)
- Nuclear Stress Testing (78451-54, 78459)
- CT of Heart (75571-74)
- MRI of Heart (75557, 75559, 75561, 75563, 75565)
- Cardiac PET (78491, 78492)

Q: ***Which HealthPlus products adhere to this program?***
A: Commercial HMO and PPO, Options, Medicaid, Medicare Plus Advantage HMO, when HealthPlus is secondary to other commercial insurances, and Healthy Michigan participate in this program. Medicare Plus Advantage PPO are encouraged to obtain a Pre Visit Coverage Decision.

*County Health Plan and Medicare Supplemental lines of business **are excluded** from the Cardiology Prior Authorization Program.*

Q: ***Are there additional program exclusions?***
A: HealthPlus members under the age of 18 **(at the time of the service)** are excluded from Prior Authorization.

Q: ***Who is responsible for prior authorization of the procedure?***
A: The ordering provider (PCP or cardiologist) should complete the prior authorization, to ensure complete clinical information is provided.

Q: ***How do I prior authorize a procedure and how long will it take to receive a response?***
A: You may prior authorize a procedure in 1 of 3 ways:

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

Note: *Most prior authorization approvals will be immediate for web and phone submissions. No prior authorization will take more than 2 business days when complete clinical documentation is submitted.*

Q: ***What are CCN's hours and days of operation?***
A: 7 a.m. to 7 p.m. (Eastern Standard Time) Monday through Friday

Note: *CCN observes the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day.*

Q: ***What information must I provide during prior authorization?***
A: The following must be provided:

- procedure
- patient name
- ordering provider
- rendering site information
- prior/ongoing cardiology treatments and their effects
- current clinical condition and recent test results

Note: *For your convenience, criteria and modality worksheets are available at carecorenational.com, under* *http://www.carecorenational.com/page/cardiology-tools-and-criteria.aspx*

Q: ***Can I speak with a CCN cardiologist if I have questions related to the outcome of a prior authorization determination?***
A: Yes. The review team is staffed by cardiac trained nurses and cardiologists. Upon request, a cardiologist can speak to you about your case and the outcome.

Q: ***How can I initiate the prior authorization of a procedure, outside of CCN's normal business hours?***
A: A physician can perform a **medically urgent** request outside of CCN's normal business hours; however the ordering provider **must** request authorization of the procedure within two (2) business days. The ordering provider will need to submit the clinical indications for the test, including the reason it was deemed medically urgent.

Q: ***How do I indicate a service is medically urgent?***
A: Upon calling CCN, notify the phone agent that the test is medically "URGENT". You will be required to provide clinical documentation, supporting medical urgency.

Q: **Can the rendering provider change an authorized CPT code?**
A: Medical necessity review through CCN is required when CPT code changes are made to an approved authorization. The CPT code change request can be performed up to 2 business days after the procedure is performed by contacting CCN with all supporting clinical documentation at 1-800-792-8744.

Q: ***How will the ordering provider or the rendering provider know that a prior authorization request has been completed?***
A: Depending upon the method used for submitting the prior authorization request, the response may be immediate; however a prior authorization status can also be verified at carecorenational.com under "Authorization Lookup". Information available includes:

- Prior Authorization/Case Number
- Status of Prior Authorization Request
- CPT Code
- Procedure Name
- Member Name

- Member ID
- Site Name and Location
- Prior Authorization Date
- Prior Authorization Expiration Date

Note: *Providers who do not have web access can contact CCN directly at 800-792-8744.*

Q: ***Will my patient receive notification of the prior authorization?***
A: Members will be notified by letter of all Prior Authorization determinations.

Q: ***What will happen if I do not prior authorize a required procedure?***
A: Failure to complete the prior authorization process will result in non-payment of the technical (facility) and professional components of the claim. Prior authorization (based on medical necessity) must be in place before rendering to guarantee payment of services.

Q: ***How long will the approval be valid?***
A: The prior authorization approval is valid for 45 calendar days from the date of the approval. After 45 days, if the test has not been performed, or if the recommended test has changed, a new prior authorization approval is needed.

Q: ***If a prior authorization is valid for 45 days and a patient comes back within that time for follow up and needs another test, will a new test prior authorization be required?***
A: Yes. Prior Authorization approvals are procedure code-specific and for one-time use.

Q: ***Is a prior authorization still required from HealthPlus for a member to see a specialist performing the diagnostic test?***
A: Yes, all applicable referral requirements to obtain access to a specialist are still in effect. A valid prior authorization does not mitigate the need for a referral to the specialist.

Q: ***How do I bill for an urgent diagnostic cardiac catheterization, performed in the observation setting (LOC 22)?***
A: Please include the modifier “ET”.

Q: ***Do add-on procedures require prior authorization?***
A: No. Add-on procedures (e.g. 93320) are reviewable under the primary procedure when prior authorization for the primary procedure is in place.

Q: ***What if CCN doesn’t approve my test request?***
A: CCN is delegated to process all appeals, EXCEPT for Medicare Advantage appeals. The ordering provider can contact CCN directly at 800-792-8744. Medicare Advantage appeals are processed through HealthPlus. Contact HealthPlus Customer Services at 800-332-9161 for assistance.