QualChoice® HEALTH INSURANCE

CareCore Radiology Utilization Management
QUICK REFERENCE GUIDE

Pre-Authorization Phone Line	Website
CareCore Pre-Authorization Phone Monday–Friday — 7:00 a.m. to 7:00 p.m. 800.533.1206	www.carecorenational.com

High Tech Imaging Services

Pre-authorization is required for procedures in each of the categories below. Authorizations are required for studies rendered in an outpatient setting such as a physician's office, free-standing center (including radiology center) or in a hospital outpatient department:

- CT Scans
- Nuclear Medicine
- Nuclear Cardiology
- MRI/MRA
- PET Scans

A complete list of CareCore CPT codes is available at *qualchoice.com*, select Providers, select Medical Policies, select High Tech Imaging.

Rendering Location Exclusions:

- Imaging studies performed in conjunction with emergency room services
- Inpatient hospitalization
- Outpatient surgery (hospitals and free standing surgery centers)
- 23-hour observations

Eligibility Verification

Providers should verify member eligibility prior to requesting/providing services.

Verify Member's ID Card

At each visit, the office should ask to see the member's ID card to verify eligibility and to collect the appropriate co-payment.

To Check Eligibility

Use one of the following options:

1. Log in at *qualchoice.com.*

2. Call Customer Service:
   Monday-Friday, 8am to 5pm
   501.228.7111 or
   800.235.7111 (outside central Arkansas)

Complaints/Grievances

Members, physicians or radiology providers may register a complaint with QualChoice by calling the toll-free number on the member's ID card.

If the member/provider is not satisfied with the response received, they may contact Customer Service for instructions on the grievance process.

Claims Submission

Physicians should submit claims to QualChoice. Provider NPI# is required.

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Complete Pre-Certification Request

(Responsibility of Ordering Provider)

1. Patient Information
   - Health Plan Name
   - Patient's QualChoice ID Number
   - Patient's Name
   - Patient's Date of Birth
   - Patient's Address
   - Patient's Telephone Number
2. Medical Identifiers
   - Ordering physician's name and QualChoice ID or NPI number.
   - Facility to which patient is being referred and rendering site name and address.
   - Name, phone, and fax number of contact person at ordering provider's office.
3. Clinical Information
   - Examination(s) being requested with the CPT code(s).
   - Diagnosis or "rule out" with the ICD-9 code(s).
   - Patient's symptoms (in detail), with severity and duration. Any treatments that have been tried, including dosage and duration for drugs, and dates for other therapies.
   - Any other information that the physician believes will help in evaluating the request, including but not limited to prior diagnostic tests, consultation reports, etc.
   - Dates of prior imaging studies performed.

Pre-Authorization Process

For pre-authorization request to be reviewed, provider must provide all information listed under Complete Pre-Certification Request.

The patient's clinical history and diagnostic information will determine if the requested procedure meets the medical criteria for each procedure requested.

- All decisions are made by licensed healthcare professionals.
- Review determinations for non-urgent care will be completed within two (2) working days of receipt of all the necessary information.
- Requesting provider will be notified of review determinations.

To verify preauthorization status: Log in as a provider to *www.qualchoice.com,* then click 'PreAuthorization for Radiology Services', or call CareCore Customer Service at 800.918.8924.

Urgent Cases

Ordering providers may request authorization on an urgent basis if they determine it to be medically required. Decisions will be rendered for urgent requests within three (3) hours of CareCore receiving all required information.

Retrospective Reviews

If services are required on a clinically urgent basis and authorization cannot be obtained (i.e. weekends or after 7pm CST), the procedure may be performed, and an authorization requested retrospectively.

- Requests for a retrospective review must be made within two business days of the date of service.
- Ordering providers should follow the same process outlined above for a standard request.
- Documentation must include why the procedure was required on an urgent basis.
- Clinical justification for the request will be reviewed using the same criteria as a routine request.

Review Outcomes

Approvals: Requests which satisfy the criteria for medical necessity will be approved. Approval is communicated both telephonically and in writing to the ordering provider with an accompanying authorization number.

Withdrawal: In the event that the ordering provider agrees that the request for service is not the appropriate exam, the ordering provider may withdraw the request for clinical authorization.

Non-certified: (Adverse Determination)

Studies that do not meet criteria for medical necessity will not be authorized.

- Prior to a final decision being rendered additional clinical information to support the medical necessity of the procedure may be requested from the ordering provider.
- The requesting physician will be notified by phone as the patient designee. The patient is notified by mail, as provided by law, of the adverse determination.
- Notification will include why the procedure was denied and the member's appeal rights.
- Providers who have additional information may request reconsideration of the adverse determination from CareCore (800.533.1206, Option 4).

Appeals: Members (for whom a procedure has been denied) have the right to appeal to QualChoice. Providers may also file a ***Request for Reconsideration*** form with QualChoice.

- Appeals may be initiated by the member
- Appeal process can be obtained by referring to the adverse determination notification or by calling QualChoice Customer Service at 800.235.7111.

PRE-AUTHORIZATIONS ARE VALID FOR 45 DAYS

Referring providers are responsible to notify patients regarding approved services. Failure to obtain pre-authorization will result in payments being denied and the member will be held harmless. NOTE: Retroactive pre-authorizations are not granted under this program except as described above.

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