



Radiology Prior Authorization Program Frequently Asked Questions (FAQ) For AmeriChoice by UnitedHealthcare, Tennessee

1. What is the AmeriChoice Radiology Prior Authorization Program?

Acting on behalf of our Medicaid and Medicare customers in Tennessee, AmeriChoice has worked with external physician advisory groups to develop a program that promotes more effective use of imaging services and addresses preventable radiation exposure. This change is based on our concern for patients who are subject to preventable radiation exposure, and the need to improve compliance with evidence-based and professional society guidance in the use of these expensive health care assets. Further, it aligns UnitedHealthcare business processes to streamline the administrative experience for physicians, hospitals and facilities.

This program will provide a more consistent application of current scientific clinical evidence to diagnostic imaging services. It also provides a consistency in operating imaging pre-service programs with other payers and across other UnitedHealthcare network facing companies.

The program includes: Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Axial Tomography (CT), Positron-Emission Tomography (PET), and select Nuclear Medicine studies, including Nuclear Cardiology.

For a complete list of the modalities and services that require prior-authorization for AmeriChoice members please visit www.americhoice.com.

Failure to complete the Radiology Prior Authorization protocol will result in denial for medical necessity. Denied claims may not be balanced-billed to the patient.

2. What is the start date of the program?

AmeriChoice providers will be required to have an approved authorization on hand for AmeriChoice members prior to performing an outpatient advanced imaging study for dates of service on or after February 15, 2010.

We will begin taking clinical information via web, phone or fax on February 1, 2010 for outpatient advanced imaging requests for procedures performed on or after February 15, 2010.

3. How can AmeriChoice providers contact AmeriChoice to obtain and verify a Prior Authorization number?

Online: www.americhoice.com

Phone: 866-889-8054

Fax: 866-889-8061

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The phone service is available from 7:00 a.m. to 7:00 p.m. Monday through Friday. Call centers are closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and the Friday following, and Christmas Day.

4. What AmeriChoice plans/lines of business are covered under this agreement?

The Radiology Prior Authorization program applies to the following plans in Tennessee:

- TennCare
- Secure Plus Complete

5. Does this program change where Physicians submit claims?

This requirement will not change where physicians currently submit their claims. Physicians will continue to contact AmeriChoice Provider Services at www.americhoice.com or 800-690-1606 for assistance with claim inquiries.

6. What procedures will require prior authorizations?

Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Axial Tomography (CT), Positron-Emission Tomography (PET) and select Nuclear Medicine studies, including Nuclear Cardiology.

7. What medical providers will be affected by this agreement?

All Physicians who order MRI/MRA, CT, PET Scans, Nuclear Medicine, and Nuclear Cardiology studies are required to obtain a prior authorization for services prior to the services being rendered in an outpatient setting.

8. If a Primary Care Physician refers a patient to a specialist, who determines that the patient needs a radiology study that requires prior authorization, who is responsible to request the prior authorization?

The ordering physician's office requesting the imaging service is responsible for obtaining an authorization number prior to scheduling advanced imaging procedures. In this case, it would be the specialist.

9. What information will be required to obtain a prior authorization?

- Members Plan Name
- Member's Name, Date of Birth, and Member ID Number
- Ordering Physician's Name, Ordering Physician's Tax ID Number, Address, Telephone and Fax Numbers
- Imaging Facility's Name, Telephone and Fax Number
- Requested Test(s) (CPT Code or Description)
- Working Diagnosis
 - Signs and Symptoms
 - Results of Relevant Tests
 - Relevant Medications



If initiating the prior authorization by telephone, the caller should have the medical record available.

10. Do imaging services provided in an inpatient setting at a hospital or emergency room setting require a prior authorization?

No. Imaging studies ordered through an emergency room treatment visit, urgent care, while in an observation unit or during an inpatient stay, do not require a prior authorization.

11. What will happen if the ordering provider's office does not know the specific test code (CPT) that needs to be ordered?

AmeriChoice will assist the physician's office in identifying the appropriate test based on presented clinical information and the Physicians' Current Procedural Terminology (CPT) code.

12. If the ordering provider orders an imaging study, but the rendering provider thinks it would be more appropriate to do a different study, will that require a correction to the prior authorization on file?

Under the CPT Code Crosswalk Table, for certain specified CPT code combinations, physicians and other health care professionals will not be required to contact the AmeriChoice Radiology Prior Authorization Program to modify the existing authorization record. A complete listing of codes is available on www.americhoice.com. However, for code combinations not listed on the CPT Code Crosswalk Table, the AmeriChoice Radiology Prior Authorization Protocol provision for additional advanced imaging services will still apply and a modification to the authorized procedure would need to occur. The radiologist may call AmeriChoice and update the prior authorization up to two (2) business days after the service has been rendered. A demonstration of medical necessity must be included with the modification request.

13. What is the process that providers will follow if AmeriChoice is not available when they need to obtain a prior authorization?

If the test is not urgent, a physician with office hours later than AmeriChoice's call center coverage may send a request via the fax or the web and AmeriChoice will process on the next business day. For clinically urgent requests after hours, the test can be performed on a clinically urgent basis, and then the ordering provider can secure the prior authorization up to two (2) business days following the procedure by providing the clinical indication for the test – including the reason it was deemed clinically urgent.

14. How can an ordering provider indicate that an imaging study is clinically urgent?

A physician may request an authorization on an urgent basis if the physician determines it to be medically required. The physician must notify the AmeriChoice agent, state that the case is clinically "Urgent", and demonstrate the clinical urgency when speaking to the AmeriChoice agent.

15. How long will the prior authorization process take?

70% of all requests are typically resolved on first contact. For fax requests, determinations will be made within two (2) business days from the receipt of all necessary clinical information. If a prior authorization is initiated online and the request meets criteria, the test will be approved immediately, a time stamped approval will be available for printing.

16. Does AmeriChoice utilize physicians other than radiologists to review prior authorization requests?

Yes. AmeriChoice utilizes physicians of various specialties to respond to network needs.

17. How will the ordering provider or rendering provider know that a prior authorization has been completed?

The ordering provider or rendering provider will be able to verify if a prior authorization request was approved by checking the status on the AmeriChoice web site.

18. What information about the prior authorization will be visible on the AmeriChoice Web site (www.americhoice.com)?

The authorization status function on the Web site will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- CPT Code
- Procedure Name
- Site Name and Location
- Prior Authorization Date
- Expiration Date

19. How will all parties be notified if the prior authorization has been approved?

The ordering provider will be notified (of the prior authorization approval) by fax. Rendering providers can validate a prior authorization by using the AmeriChoice Web site www.americhoice.com and can request written notification by contacting AmeriChoice's Customer Service at 866-889-8054.

20. If a prior authorization is not approved, what follow up information will the ordering provider and the member receive?

The ordering provider and the member will be informed in writing of the reason for the denial, including the clinical rationale, as well as how to initiate an appeal.

21. Can the rendering provider or diagnostic facility initiate the prior authorization for the ordering provider?

No. The attending physician who has determined the need for the study must initiate the prior authorization. Therefore, it is the responsibility of the ordering provider to obtain prior authorization.

22. Is there an appeal process if the prior authorization is not approved?

Yes. Appeal rights are detailed in communications sent to the providers and members with each adverse determination.

TennCare: Appeals and grievances should be directed to:

TennCare Solutions
P.O. Box 000593
Nashville, TN 37202-0593
(Fax) 888-345-5575
(Phone) 800-878-3192
www.state.tn.us/tenncare/members/medappeal_form.pdf

Secure Plus Complete: Appeals and grievances should be directed to:

AmeriChoice Secure Plus Complete
Attn: Appeals and Grievance Coordinator
2035 Lakeside Centre Way, Suite 200
Knoxville, TN 37922
(Fax) 888-217-8909

23. If a physician wishes to modify an approved MRI without Contrast to an MRI with Contrast, does the physician need to notify AmeriChoice to update the authorization?

Yes. The ordering physician's office requesting the imaging service must call within two (2) business days of rendering the procedure with clinical information indicating the necessity for the modification. The clinical information will be reviewed for medical necessity and a new authorization number will be issued if the procedure is determined to be medically necessary.

24. Is a separate authorization needed for each CPT code?

Yes. An authorization number is required for each individual CPT code and each authorization number is CPT code specific.

25. Does the authorization number need to be included on the claim form when submitting an insurance claim for payment?

No, the authorization number consisting of one alpha character followed by nine numeric digits and the primary CPT code (e.g. A123456789-70553) does not need to be included on the claim form during the claim submission process.

26. How long will the authorization approval be valid?

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Prior Authorizations are valid for 45 calendar days from the date of the approval. When an authorization is entered for a procedure, AmeriChoice will use the day authorization was issued as the starting point for the 45-day period in which the examination must be completed. If a procedure is not completed within 45 days, a new authorization number must be obtained.

27. If a prior authorization number is valid for 45 days and a patient comes back within that time for follow up and needs another imaging study, will a new authorization number be required?

Yes.

28. If the office does not have web access, how can a provider verify that a study has received prior approval?

If the office does not have web access, providers can call AmeriChoice toll free at 866-889-8054 to verify that a study has received prior approval.

29. How does the Radiology Prior Authorization Program supporting AmeriChoice compare with advanced imaging Pre-Service programs for other UnitedHealthcare products?

The Radiology Program supporting AmeriChoice is a prior authorization program, also known as a precertification program, and a medical necessity determination is made for the requested radiology service. Failure to comply with any prior authorization protocol may result in a claim denial for medical necessity.

Radiology Prior Authorization Programs do apply to other UnitedHealthcare products including, but not limited to, Oxford Health Plans, PacifiCare, Neighborhood Health Partnership and MAMSI health plans. UnitedHealthcare commercial products utilize a Radiology Notification Program whereby participating providers must notify UnitedHealthcare prior to the delivery of advanced imaging services, and failure to comply with the notification protocol will result in an administrative claim reimbursement reduction, in part or in whole.

During 2010, we anticipate additional modifications to our radiology programs for other government programs. We will communicate program details as we introduce these changes.