

Frequently Asked Questions Radiology Prior Authorization Process

Who is HealthHelp?

HealthHelp is a specialty benefit management company that has partnered with Geisinger Health Plan to administer the authorization program for radiology services.

What is HealthHelp's Program for Geisinger Health Plan?

HealthHelp provides a consultative, educational authorization program that improves quality and reduces the cost of care by providing expert peer consultation and the latest evidence-based medical criteria for radiology procedures. The HealthHelp authorization process involves collecting relevant clinical information from the ordering/treating provider's office, reviewing this information alongside current evidence-based clinical guidelines, and if necessary, providing consultation on treatment and/or test appropriateness and patient safety. If the requested service does not meet medical necessity, a HealthHelp Radiologist may have a conversation with the requesting provider to consider alternatives.

What are the tests and procedures that would require a prior authorization within each specialty?

Ordering providers will be required to obtain authorization for the following procedures, except services rendered in an emergency or inpatient setting:

- **Radiology:** CT, CTA, MRI, MRA and PET

NOTE: A complete list of procedure codes requiring authorization can be found at www.healthhelp.com/Geisinger.

Is an authorization required for all identified tests and procedures?

Yes, an authorization is required to ensure successful processing of your claims payment. All tests and procedures identified above will require authorizations through the HealthHelp process.

What if I already use HealthHelp to request prior authorizations for another health plan?

All new requests for access to HealthHelp's online authorization request system must be submitted through the enrollment form posted to www.healthhelp.com/Geisinger. New online accounts are typically created within 24 business hours from receipt of the completed enrollment form.

If you already have online access to the HealthHelp system through another health plan, please contact HealthHelp's Program Support to request that Geisinger Health Plan be added to your existing access and provide your current User ID by emailing (RCSupport@HealthHelp.com), or phoning (800) 546-7092). Also, if you submit requests on behalf of Geisinger Health Plan ordering providers, you will need to provide the full name and NPI number of all Geisinger Health Plan providers for whom you will be placing requests.

How can providers request a prior authorization number for radiology services?

Ordering providers can request an authorization for radiology using one of the following three methods:

- Internet/web: www.healthhelp.com/Geisinger
- Phone: 877-391-7293
- Expedited Fax: 877-391-7295 (*Web is recommended for the fastest processing*)

HealthHelp representatives are available from 7:00 AM to 7:00 PM Central Time, Monday through Friday and 7:00 AM to 4:00 PM Central Time Saturday. The website is available 7 days a week, 24 hours a day.

What information is needed to initiate a prior authorization request for radiology services?

The following information is required for all authorization requests and should be available in the patient's chart:

- Member name and ID
- Ordering provider medications and duration
- Ordering provider telephone and fax
- Prior treatments
- Member diagnosis or clinical indication Summary of clinical findings
- Test being ordered (CPT code) risk factors (primarily applies to
- Reason for test
- Member symptoms and duration
- Prior related diagnostic tests and / or imaging requests related to cancer indications , including screenings.

How long does the authorization approval process take?

Assuming the necessary information (as outlined previously) is provided, and appropriate criteria are met, a prior authorization request can be completed in minutes. If the prior authorization request is submitted via phone, HealthHelp will submit a confirmation fax to the fax number collected during the prior authorization request process. If the request for a prior authorization is submitted online, the provider office may immediately print the confirmation sheet within the online tool.

Should a procedure request need clinical or peer review (i.e., review by a nurse or physician reviewer), prior authorization can take up to 48 hours at each step but is processed within

regulatory timeframes. For complicated cases, this time period may be extended. For cases subject to clinical or peer review, a phone submission is responded to immediately via a fax to the ordering provider's office. Requests submitted online will indicate that a referral to clinical review has been made and provide the ability to upload additional clinical information.

Can I check to see if a prior authorization has already been obtained for a member?

Yes. When you are logged into the HealthHelp's WebConsult website, click the "Request Status" link at the top of the page or access WebStatus directly at www.healthhelp.com/WebStatus. A provider may search for a request by entering the member's ID, tracking number or authorization number for any 90-day date range based on the date of request. You may also view a request by provider or rendering facility. To obtain access to WebStatus or to add providers or rendering facilities to your profile, please contact Program Support at rcsupport@healthhelp.com or phone 1-800-546-7092. Program Support is also available to assist via online chat; just type "live agent" for assistance. You may also check the status of a prior authorization by calling HealthHelp's inbound contact center at 877-391-7293.

Peer-to Peer Requests

HealthHelp will offer a peer-to-peer discussion at any point before or after the decision, up until the internal grievance process or internal adverse benefit determination process commences. A Peer-to-Peer may no longer be requested once a member or provider appeal has been filed.

How do I request a Peer-to-Peer consultation prior to a decision?

You may request a peer-to-peer consultation prior to the medical appropriateness decision by calling HealthHelp's inbound contact center at 877-391-7293.

How do I request a Peer-to-Peer after a denial decision?

If a provider is seeking a post-denial peer-to-peer request, they can access the Provider Peer-to-Peer Request Form at: www.healthhelp.com/Geisinger.

Please be sure to fill out the request form completely and include any additional clinical information to support medical appropriateness. Once complete, please fax the Peer-to-Peer request form to the fax number noted at the top of the form: 844-470-2461. Please be sure to list the date(s), time(s), and time zone for your request to ensure a HealthHelp physician is able to connect.

How can my staff get additional training or support?

HealthHelp provides training throughout the course of our business relationship with Geisinger Health Plan. We work closely with the provider network to train providers and office staff on the proper procedures for acquiring prior authorizations.

To request more information on this program or to request additional training, please contact:

HealthHelp Program Support

rcsupport@healthhelp.com

Phone: 1-800-546-7092