

## Frequently Asked Questions

### Prior Authorization Process Cardiology

#### Who is HealthHelp?

HealthHelp is a specialty benefit management company that has partnered with Geisinger Health Plan to administer a new consultative authorization program for cardiology 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 cardiology procedures. The HealthHelp authorization process involves collecting relevant clinical information from the ordering/treating physician's office, reviewing this information alongside current evidence-based guidelines, and if necessary, providing physician-to-physician consultation on treatment and/or test appropriateness and patient safety. If the requested service does not meet evidence-based guidelines, a HealthHelp academically affiliated Cardiologist/ Interventional Cardiologist, will have a provider-to-provider conversation with the requesting physician to consider alternatives.

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

Effective March 1, 2021, ordering providers will be required to obtain authorization for the following procedures, except services rendered in an emergency or inpatient setting:

- > **Cardiac Imaging:** Nuclear, Catheterization, MPI-SPECT
- > **Cardiac Devices:** Pacemakers, Defibrillators, Cardiac Resynchronization Therapy - Pacemaker (CRT-P), Cardiac Resynchronization Therapy – Defibrillator (CRT-D), Transcatheter Aortic Valve Replacement (TAVR), Transcatheter Mitral Valve Repair (TMVR), MitraClip, Ventricular Assist Device (VAD), Left Atrial Appendage Closure (LAAC), Leadless Pacemakers, Subcutaneous Implantable Cardioverter-Defibrillator (SICD), AICD, Patent Foramen Ovale (PFO) Atrial Septal Defect (ASD), Implantable Loop Recorder
- > **Cardiac Devices Wearable:** Mobile Outpatient Telemetry, External Defibrillator
- > **Cardiac Interventions:** Percutaneous Coronary Intervention (PCI), Electrophysiology Studies (EPS), Ablation

*NOTE: A complete list of procedure codes requiring authorization can be found at [www.healthhelp.com/Geisinger](http://www.healthhelp.com/Geisinger).*

#### How will authorization requests be submitted between now and March 1, 2021, when the HealthHelp process goes live?

All authorization requests submitted between now and March 1, 2021 should be requested through the existing authorization process. All authorization requests submitted on or after March 1, 2021 should be presented through the new HealthHelp process.

If an authorization was obtained prior to March 1, 2021, a replacement authorization for the same service or procedure will not be required. Additionally, if a prior authorization was not required for service prior to March 1, 2021 and treatment related to that service (e.g. Zoll Life vest) was initiated prior to March 1, 2021, an authorization will NOT be required. A prior authorization will only be required for designated services initiated on or after March 1, 2021.

If a provider is concerned about whether authorizations submitted to the current vendor within days of the transition date (e.g. on Feb 28, 2021, March 1, 2021) will be reviewed and approved before transition to HealthHelp, The provider can wait until March 1, 2021 and submit requests through the HealthHelp process at that time.



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**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 beginning March 1, 2021.

**What if I do not know whether the member will need a Percutaneous Coronary Intervention (PCI) at the time I am requesting a prior authorization for Cardiac Catheterization?**

At this time we request that you submit both the prior authorization request for Cardiac Catheterization and PCI. A PCI authorization will be given at the time of Cardiac Catheterization authorization request submission. However, in the event that medical necessity of Cardiac Catheterization is not met, PCI authorization should be disregarded. In cases where a PCI was not anticipated, the interventional Cardiologist should proceed with the procedure if deemed appropriate. If you have any questions on this process, please reach out to HealthHelp at 1-877-883-5690.

**Does this mean that anytime I request a Percutaneous Coronary Intervention (PCI), I have to request a Cardiac Catheterization?**

No. We are only asking that you enter in a request for PCI if you are requesting the Cardiac Catheterization for the same DOS. If you know you are ONLY performing a PCI, you do not need the Cardiac Catheterization request, as the Catheterization is paid for as part of the PCI payment. Not entering a Cardiac Catheterization authorization request is specific for pre-planned or "staged" PCIs. Staged PCI or delayed PCI is defined as the performance of a percutaneous coronary intervention (PCI) at a later date separate from the performance of the diagnostic catheterization or the performance of an initial PCI.

**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](http://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 ([RCSupport@HealthHelp.com](mailto:RCSupport@HealthHelp.com) or call 1-800- 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 that you will be placing requests for.

**How can providers request a prior authorization number for Cardiology services?**

Ordering physicians can request an authorization for cardiology services using one of the following four methods:

- > Internet/web: [www.healthhelp.com/Geisinger](http://www.healthhelp.com/Geisinger)
- > Fax: 1-877-391-7294
- > Fax Expedited: 1-877-391-7295 (request forms can be obtained at the above website)
- > Phone: 1-877-391-7293

HealthHelp representatives are available from 8:00 AM to 6:00 PM Eastern Time, Monday through Friday. The website is available 7 days a week, 24 hours a day.

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

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

- > Member name and ID number
- > Ordering provider name
- > Ordering provider telephone and fax numbers
- > Member diagnosis or clinical indication
- > Procedure being ordered (CPT code)
- > Reason for procedure
- > Member symptoms and duration
- > Prior related diagnostic tests
- > Laboratory studies/findings from prior related laboratory studies
- > Member medications and duration
- > Prior treatments
- > Summary of clinical findings
- > Member risk factors

### How long does the authorization approval process take?

Assuming appropriate criteria has been met and the necessary information (as outlined previously) is provided, prior authorization requests can be completed in minutes. If the prior authorization request is submitted via phone or fax, 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 need clinical or peer review, prior authorization can take up to 48 hours at each step (e.g. review with a nurse or physician reviewer). For complicated cases, this time period may be extended. For cases subject to clinical or peer review, a fax submission is responded to immediately via a fax to the ordering physician's office. Requests submitted online will indicate that a referral to clinical review has been made, and provide the option to call in or wait to be contacted by the nurse/doctor conducting the review.

### 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 <https://portal.healthhelp.com/WebStatus>. A provider may search for a request by entering the member's name, date of birth and/or member number for any 90-day date range based on the date of request. You may also view request by physician or rendering facilities. To obtain access to WebStatus or add physicians or rendering facilities to your profile please contact Program Support at [rcsupport@healthhelp.com](mailto:rcsupport@healthhelp.com) or phone: 1-800-546-7092. You may also check the status of a prior authorization by calling HealthHelp's inbound call center at 1-877-391-7293.

### 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 procedures used for acquiring proper prior authorizations.

### How can providers get information on clinical criteria used by HealthHelp?

- 1) What are the clinical criteria used for HealthHelp's programs in determining the appropriateness for ordering procedures/treatments?  
HealthHelp's programs use proprietary evidence-based clinical guidelines updated regularly with peer-reviewed literature from the industry. Determinations and recommendations are made in accordance with acceptable medical standards and appropriateness-of-care guidelines. Clinical guidelines can be found <https://www.healthhelp.com/resources/>.
- 2) Are these Interqual criteria?  
No. HealthHelp's clinical guidelines are based on current peer-reviewed literature.



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- 3) How are HealthHelp's clinical criteria developed?  
HealthHelp's proprietary clinical review criteria are developed using existing guidelines (e.g., American College of Cardiology), current medical literature, and regionally accepted practice protocols for particular diagnosis codes and procedures/treatments.
- 4) Can I get a copy of HealthHelp's clinical criteria and are the criteria current?  
Criteria can be accessed on HealthHelp's website at <https://www.healthhelp.com/resources/> or Consult webpage [www.healthhelp.com/Geisinger](http://www.healthhelp.com/Geisinger) or you may call HealthHelp's Clinical Guidelines Department at 1-877-685-5264. All existing criteria are reviewed at least annually.
- 5) Can I suggest a change to your criteria?  
Yes. HealthHelp welcomes your suggestions and will respond to your suggestion within 60 days. Please submit any suggestions with supporting peer-reviewed literature. The package will be reviewed for appropriateness and submitted to the clinical program physician advisory committee for acceptance.

#### **What if I want to speak to a HealthHelp Consult Physician Reviewer or Medical Director?**

If you would like to speak with a Physician Reviewer or a Specialty Program Medical Director, you can do so by calling HealthHelp's Utilization Management (UM) Team at 1-877-883-5690, ext. 3220. A UM Nurse will assist with coordinating the call.

Disclaimer: UM decisions are made only on appropriateness of care, services and existence of coverage as determined by the health plan. Financial incentives are not based on utilization decisions.

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

#### **HealthHelp Program Support**

[rcsupport@healthhelp.com](mailto:rcsupport@healthhelp.com)

Phone: 1-800-546-7092