

## Frequently Asked Questions

### Prior Authorization Process Musculoskeletal

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

- Hip, Knee Shoulder Arthroplasty
- Hip, Knee Shoulder Arthroscopy and Non-Arthroplasty, Open-Repair
- Cervical and Lumbar Spinal Surgeries: Artificial Disc Replacement Decompression, Deformity (Lumbar-Only), Discectomy or Microdiscectomy, Fusion

*NOTE: A complete list of procedure codes requiring authorization can be found at [www.healthhelp.com/Geisinger](http://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 beginning February 1, 2021.

#### 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) Health Plan. 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 of all Geisinger Health Plan providers that you will be placing requests for.

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

Ordering physicians can request an authorization for Musculoskeletal services using one of the following three 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 Musculoskeletal services?**

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

#### **Medical records must include the following information:**

- Surgeon's recent clinical notes outlining clinical conditions and patient's symptoms (including type, onset, and duration of symptoms)
- Relevant clinical and surgical history related to the proposed surgery
- Physical exam findings
- Proposed surgical plan outlined by the requesting surgeon
- Diagnostic Imaging reports (actual imaging report required)
  - Weight Bearing/Standing X-ray – lower joint replacements
  - X-ray
  - Advanced Imaging
  - *Generally recommended to be no more than six (6) months prior to the proposed surgery*
- Conservative, non-operative treatment modalities completed, including dates and duration or number of treatments completed, outcome/pain relief. Modalities may include:
  - Rest, ice/heat or activity modification
  - Weight reduction for elevated BMI
  - Protected weight bearing (hip and knee)
  - Bracing (off-loading)/orthosis (hip, knee, shoulder)
  - Chiropractic (spine)
  - Acupuncture (spine)
  - Injections
  - Stimulators/Devices (spine)
  - Supervised physical therapy
  - Physician-supervised home programs (exercise, stretching)
  - Pharmacologic treatment (NSAIDs, analgesics)
- BMI or Weight and Height (knee, hip, spine)
- Nicotine status of tobacco users
- Chronic diseases and if controlled/uncontrolled
- Substance Use Disorder and if treated/untreated



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

Ordering physicians can request an authorization for Interventional Pain Management of the Spine services through HealthHelp's web portal, or direct phone or fax lines. Users can expect to answer a series of member- and procedure-specific questions to ensure that the authorization is directed to the correct level of clinical review and validation.

Once validation of criteria is completed, an authorization will be placed on file. If the prior authorization request was submitted via phone or fax, HealthHelp will submit a confirmation fax to the fax number that was collected during the prior authorization request process. If the request for a prior authorization was submitted online, the provider office may immediately print the confirmation sheet within the online tool.

If medical record documentation is not provided or does not align with the clinical evidence base, clinical reviewers will reach out to the ordering provider office within 48 hours.

### **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.

- 3) How are HealthHelp's clinical criteria developed?  
HealthHelp's proprietary evidence-based clinical review criteria are developed using existing guidelines (e.g., American College of Radiology, AAOS), 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?

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