



## Prior Authorization Process Frequently Asked Questions

### Who is HealthHelp?

HealthHelp is a specialty benefit management company that has teamed up with Blue Advantage Administrators of Arkansas and Walmart to administer the authorizations for advanced diagnostic imaging for these modalities:

- MRI, MRA, CT, CTA, PET
- *A complete list of procedure codes requiring authorization can be found at [www.healthhelp.com/BAA](http://www.healthhelp.com/BAA)*

HealthHelp provides a consultative, educational authorization program that improves quality and reduces the cost of care through expert peer consultation and the latest evidence-based medical criteria for requested tests or 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 physician specialist may have a provider-to-provider conversation with the requesting physician to consider alternatives.

### Is an authorization required for all identified tests and procedures?

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

### How can providers request a prior authorization?

**To submit your diagnostic imaging requests, you will need to [REGISTER HERE](#) to obtain a login and manage your authorizations online.** For general program information please visit [www.healthhelp.com/BAA](http://www.healthhelp.com/BAA)

The most efficient way to manage your requests is online. You may also contact us by phone at 1- 877-492-0525 HealthHelp representatives are available from 8:00 AM to 6:00 PM EST,

Monday through Friday. The HealthHelp provider portal is available 7 days a week, 24 hours a day.

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

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 (ICD-10 code)
- Test being ordered (CPT code)
- Reason for test
- Rendering provider of requested test(s)
- Member symptoms and duration
- Clinical information:
  - Please have ready any conservative treatment and prior imaging reports,
  - Last two office visit notes
  - List medications
  - Physician's treatment or surgical plan

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

Assuming appropriate criteria have been met and the necessary information (as outlined previously) is provided, prior authorization requests can be completed in minutes. The provider office may immediately print the confirmation sheet within the online tool. Notification will be sent with full details about the determination.

Should a request 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) but are 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 physician'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. Log in through the link at [www.healthhelp.com/BAA](http://www.healthhelp.com/BAA) to access the HealthHelp WebConsult page. When you are logged in to the HealthHelp's WebConsult website click the "Request Status" link at the top of the page. You 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 requests by physician or rendering facilities. To obtain access to WebStatus or add physicians or rendering facilities to your profile, logged in users may contact Program Support through online chat or email your request to [rcsupport@healthhelp.com](mailto:rcsupport@healthhelp.com).

For technical support, 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 call center at 1- 877-492-0525.

### What are my options if a request has been denied?

Please refer to your denial letter for next steps, such as appeal rights, peer to peer review, etc.

### How can my staff get additional training or support?

HealthHelp offers virtual training through webinars as well as easy online tools to assist with navigation. We work closely with the provider network to train providers and office staff on the procedures used for acquiring proper prior authorizations.

Are you interested in a training session to help your office make the authorization process efficient? Please email [hcorporatetraining@healthhelp.com](mailto:hcorporatetraining@healthhelp.com) and we can arrange a session for your team.

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

# Walmart