Frequently Asked Questions

Prior Authorization Process

What is HealthHelp?

HealthHelp is an independent specialty benefit management company that has partnered with Univera Healthcare to administer the authorizations for various modalities:

- High Tech Radiology including Cardiology
- Genetic Testing
- Musculoskeletal
- Advanced Cardiology
- Radiation Therapy

What is HealthHelp's program for Univera Healthcare?

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.

What are the tests and procedures that require 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, PET and Cardiac Nuclear Medicine
- **Genetic Testing:** DNA/RNA testing, chromosomal microarray, whole exome and whole genome sequencing, reproductive carrier screening, non-invasive prenatal screening, hereditary cancer predisposition testing, and somatic tumor testing
- **Musculoskeletal: Procedures:** Procedures for the Knee, Hip, Shoulder and Spine including Interventional Pain Management
- **Advanced Cardiology:** Cardiac Devices
- **Radiation Therapy:** 2D3D, Brachytherapy, Stereotactic, Proton Beam, IMRT, IGRT

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

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 authorization through the HealthHelp process.

How do I obtain access to request authorizations online?

- Log in to the Univera Healthcare provider portal by visiting Provider.UniveraHealthcare.com

How can providers request a prior authorization?

Ordering physicians can request a prior authorization using one of the following three methods:

- **Online through the Univera Healthcare provider portal:** Provider.UniveraHealthcare.com
- **Phone:** 877-883-5695
- **Fax:** 866-872-1611 *(Web is recommended for the fastest processing)*

HealthHelp representatives are available from 7:00 AM to 7:00 PM EST, Monday through Friday. The 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 prior authorization requests and should be available on 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 required:
  - **Radiology:** any conservative treatment and prior imaging reports.
  - **Cardiac Radiology:** a recent EKG report, if available, and patient cardiology history.
  - **Genetic Testing:** summary of clinical features, pertinent laboratory and imaging results, any prior genetic testing results, differential diagnosis list (if applicable), pathology report and treatment regimen for oncologic indications, and family history information (if applicable).
  - **Musculoskeletal:** Recent conservative treatment and for how long such as medication, rest. physical therapy (indicate if supervised if unsupervised) or include any activity modifications if no PT was prescribed, other conservative treatments, any ortho testing such as X-rays, depending on area of request, such as Apley's test, McMurray exam or Empty can test.
  - **Cardiology Services:** Recent EKG report, echo, stress test or any other cardiac testing. cardiac history past symptoms, and any new symptoms. For interventional cardiology and devices: include the physician's procedure plan.
  - **Radiation Therapy:** Recent diagnostic testing reports, prognosis, physician's treatment plan, patient's ECOG Performance Status

How long does the prior 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. The 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, the time 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 Provider.UniveraHealthcare.com and click through to 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 physicians or rendering facilities.

Technical support is available 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 877-883-5695.

What are my options if a request has been denied?

Please refer to your denial letter for the 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 provider webinars. Register for a session at www.healthhelp.com/UniveraHealthcare. HealthHelp works closely with the provider network to train providers and office staff on prior authorization procedures.

Please email hhcorporatetraining@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
Phone: 1-800-546-7092