

Frequently Asked Questions

Authorization Process

Who is HealthHelp?

HealthHelp is a specialty benefit management company that has partnered with MO HealthNet to administer a consultative authorization program for Radiology, Radiation Therapy and Cardiology services.

What is HealthHelp's Program for MO HealthNet?

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 and 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 Radiologist, Cardiologist/ Interventional Cardiologist, will have a provider-to-provider conversation with the requesting physician to consider alternatives.

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

- **Radiology:** CT/ CTA/ MRI/ MRA/ PET
- **Cardiology:** Cardiac Nuclear Medicine and Cardiac Catheterization, Cardiac Devices: Pacemakers, Defibrillators, Cardiac Resynchronization Therapy, Pacemaker (CRT-P), Cardiac Resynchronization Therapy – Defibrillator (CRT-D), Subcutaneous Implantable Cardioverter-Defibrillator (SICD)
- **Cardiac Interventions:** Percutaneous Coronary Intervention (PCI), Stents, Peripheral Revascularization, Angioplasty
- **Surgical Services:** Including Surgical Oncology
- **Genetic Testing**
- **Musculoskeletal:** Procedures for the hip, knee, shoulder and spine
- **Pain Management**

NOTE: A complete list of procedure codes requiring authorization can be found at <http://www.healthhelp.com/mohealthnet>.

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

Currently MO HealthNet allows for retroactive authorization requests up to 365 days after initial date of service.

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

If you need access or log in assistance to CyberAccess, you may contact Conduent's CyberAccess via E-mail at: CyberAccessHelpdesk@conduent.com or call toll free: 888-581-9797, Monday Through Friday 8:00 AM – 5:00PM CST.

If you already have online access to the HealthHelp system through another health plan, you will still need to login via CyberAccess for your MoHealth Net authorizations.

How can providers submit an authorization request?

Ordering physicians can request authorizations using one of the following three methods:

Internet/web: cyberaccessonline.net/CyberAccess/login.aspx

Fax: 1-888-285-9845

Phone: 1-800-392-8030

The WebConsult site is available 24 hours a day, 7 days a week. HealthHelp representatives and physicians are available via phone Monday through Friday from 8 a.m. to 6 p.m. Central Time. Requests submitted after regular business hours and weekends, will be processed by our after-hours team in accordance with the specified turnaround time of the request.

What information should our office provide when submitting a procedure/treatment request for authorization?

Relevant clinical information includes the diagnosis, ICD-10 code, name of the ordered procedure/treatment, CPT code, reason for the procedure/treatment, duration of symptoms, prior imaging studies, laboratory studies, medications, prior treatments, and notes from last two office visits. For Cardiology requests, please include a recent EKG and other testing, if available. For Radiation Therapy, the patient's ECOG score, prognosis and physician's treatment plan should be included with your clinicals.

How long does the authorization approval process take?

Assuming appropriate criteria have been met, and the necessary information (as outlined previously) is provided, authorization requests can be completed in minutes. If the authorization request is submitted via phone or fax, HealthHelp will submit a confirmation fax to the fax number collected during the request process. If the request for an 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, an authorization can take up to 48 hours at each step (e.g., review with a nurse or physician reviewer). For complicated cases, this 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 an authorization has already been obtained for a member? Yes. When you are logged into CyberAccess and are on the HealthHelp webpage, click the *Request Status* link on the top right corner of the page. The provider may search for a request by entering the participant's name, date of birth and/or participant ID number. You may also check the status of an authorization by calling HealthHelp at 1800-392-8030.

How can my staff get additional training or support?

HealthHelp provides training throughout the course of our business relationship with MO HealthNet. We collaborate closely with the provider network to train providers and office staff on the procedures used for acquiring proper authorizations. If you would like dedicated training for your office please reachout to HHCorporateTraining@HealthHelp.com and we will gladly set up a webinar for your team.

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

What are the clinical criteria used for HealthHelp's programs in determining the appropriateness for ordering procedures/treatments?

HealthHelp's programs use CMS NCD and LDC guidelines when available; when there is not a CMS NCD or LCD associated with the request; HealthHelp will use its own proprietary clinical guideline. These clinical guidelines are 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.

Are these InterQual criteria?

No. HealthHelp's clinical guidelines are based on current peer-reviewed literature.

How are HealthHelp's clinical criteria developed?

HealthHelp's proprietary clinical review criteria are developed using existing guidelines (e.g., American College of Radiology and Cardiology), current medical literature, and regionally accepted practice protocols for particular diagnosis codes and procedures/treatments.

Can I get a copy of HealthHelp's clinical criteria and are the criteria current?

Criteria can be accessed here:

- HealthHelp's website at <https://www.healthhelp.com/resources/>
- MO HealthNet's provider landing page www.healthhelp.com/mohealthnet
- HealthHelp's Clinical Guidelines Department at 1-877-685-5264. All existing criteria are reviewed at least annually.

Can I suggest a change to your criteria?

Yes, we welcome your suggestions. Please submit any suggestions with supporting peer reviewed literature to CGDevelopment@healthhelp.com or 877-685-5264. The package will be reviewed for appropriateness and submitted to the physician advisory committee for acceptance. We will respond to you within sixty days.

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 the Medical Director, you can do so by calling HealthHelp's customer's service line at 888-285-6772. A customer service agent will assist with facilitating the call with a nurse reviewer who will review the procedure. If unable to provide an approval, the nurse reviewer will coordinate with our Physician Reviewer or Medical Director, as appropriate

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:

Stephanie Kilty email: Stephanie.Kilty@HealthHelp.com

Providers can also access recorded sessions through the designated MOHealthNet webinar channel [HERE](#)