

Frequently Asked Questions

Prior Authorization Process Radiology

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 radiology 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 radiology 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 Radiologist 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 September 1, 2020, 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

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

Do authorization requests need to be submitted between now and September 1, 2020, when the HealthHelp process goes live?

No. Services ordered before Sept. 1, 2020 will not need authorization through HealthHelp.

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 September 1, 2020.

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. 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



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User ID (RCSupport@HealthHelp.com or call (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.

Note: Though your HealthHelp online user account may be created prior to September 1, 2020, authorization requests will not be accepted through the HealthHelp process until September 1, 2020.

How can providers request a prior authorization number for radiology services?

Ordering physicians can request an authorization for radiology using one of the following three methods:

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

HealthHelp representatives are available from 7:00 AM to 7:00 PM Central Time, Monday through Friday and 7:00 AM to 4:00 PM Central Time Saturday. The website is available 7 days a week, 24 hours a day.

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

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

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| > Member name and ID number | > Laboratory studies |
| > Ordering provider name | > Member medications and duration |
| > Ordering provider telephone and fax numbers | > Prior treatments |
| > Member diagnosis or clinical indication | > Summary of clinical findings |
| > Test being ordered (CPT code) | > Member risk factors (primarily applies to imaging requests related to cancer indications including screening) |
| > Reason for test | |
| > Member symptoms and duration | |
| > Prior related diagnostic tests | |

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) but are processed within regulatory timeframes. 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 or phone: 1-800-546-7092. You may also check the status of a prior authorization by calling HealthHelp's inbound call center at 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.

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

Program Support
HealthHelp
rcsupport@healthhelp.com
Phone: 1-800-546-7092