Preauthorization Process

Ablation, Diagnostic Imaging, Oncology Therapy Services, Sleep Studies, and Surgical Services

Who is HealthHelp?
HealthHelp is a specialty benefit management company that has partnered with Humana to administer a consultative authorization program for specific modalities within ablation, radiology, radiation therapy, sleep studies, and surgical services.

What is HealthHelp's program for Humana?
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. 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 clinical guidelines, a HealthHelp Medical Physician will have a provider-to-provider conversation with the requesting physician to consider alternatives.

How can the ordering provider office request an authorization?
- Web: www.healthhelp.com/Humana, use online WebConsult login
- Phone: 1-866-825-1550
- Fax: 1-800-519-9935 (STAT requests only) (forms on www.healthhelp.com/Humana)

Online requests using WebConsult is the easiest and preferred method (available 7 days a week, 24 hours a day). All new permissions to access HealthHelp's online preauthorization system, WebConsult, must be submitted through the Enrollment form on www.healthhelp.com/Humana. New online accounts are typically created within 24-48 business hours from receipt of the completed enrollment form.

HealthHelp representatives are available Monday through Friday 7 a.m. to 7 p.m. and Saturday 7 a.m. to 4 p.m. (Central Time).

Does HealthHelp check the Humana eligibility of the member?
Yes. Humana sends HealthHelp an eligibility file monthly. If the member is not on the eligibility file, the HealthHelp representative logs onto the Humana website to check eligibility.

How does the authorization request process work?
The ordering physician's office engages HealthHelp prior to scheduling the procedure/treatment to be ordered. HealthHelp collects all relevant clinical information and reviews it alongside evidence-based guidelines. HealthHelp programs follow URAC and NCQA guidelines for utilization management.

When the clinical rationale is inconsistent with the guidelines, a board-certified specialist consults with the ordering physician to evaluate available diagnostic/treatment opportunities. When in

doubt or when ordering a procedure or treatment that carries significant risk, the ordering physician may benefit from the knowledge of an expert in the specialty field. The collaborative, educative process helps physicians make the best decisions for their patients.

The clinical review process is completed in a timely manner upon receipt of all clinical information needed to make a determination.

An authorization confirmation, including a Humana tracking number, is then faxed to the provider's office.

How long does the authorization approval process take?
Assuming appropriate criteria has been met and the necessary information (as outlined previously) is provided, preauthorization requests can be completed in minute. If the preauthorization request is submitted online, the provider's office may immediately print the confirmation sheet using the WebConsult online tool. If the preauthorization request is submitted via phone or fax, HealthHelp will submit a confirmation fax to the fax number collected during the preauthorization request process.

Should a procedure need clinical or physician review, preauthorization can take up to 48 hours at each step (e.g., review with a nurse or physician reviewer). For complicated cases, this time period may be extended. 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/physician conducting the review. For cases subject to clinical or peer review, a fax submission is responded to immediately via a fax to the ordering physician's office.

Is an authorization required for all specified procedures and treatments?
Yes. An authorization is required to ensure successful processing of claims payment. All procedures/treatments specified below will require authorizations through HealthHelp.

What are the specified procedures/treatments that require a preauthorization?
Ordering practitioners will be required to obtain authorization for the following programs except for services rendered in an emergency or for non-prescheduled inpatient:

Programs
Ablation – Bone, Kidney, Liver, Prostate
Diagnostic Imaging
Oncology Therapy Services / Radiation Therapy
Sleep Studies
Surgical Services – Breast, Lung, Thyroid, and Prostate

A complete list of procedure codes requiring authorization can be found on HealthHelp's Consult webpage www.healthhelp.com/Humana.

What information is needed to initiate a preauthorization request?
To expedite the clinical review process, it is best if the physician's office is prepared to deliver procedure or ICD-10 codes. However, this information is available when using WebConsult online.

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

Required for all preauthorization requests:
- Member name and Humana ID number
- Ordering physician name and Tax ID
- Ordering physician telephone, fax, and email
- Rendering facility name and Tax ID
- Rendering facility telephone, fax, and email
- Member diagnosis or clinical indication (ICD-10 code)
- Procedure code(s) and name
- Reason for procedure or treatment
- Member symptoms and duration
- Prior related member information
  - Imaging studies
  - Recent laboratory studies
  - Medications and duration
  - Prior treatments/procedures/surgeries
  - Case notes from the last two office visits

Required for specific modality preauthorization requests:
- Oncology Therapy Services / Radiation Therapy
  - Cancer stage and performance status
  - Number of fractions and dose per fraction
  - Total radiation dose
  - Prior radiation treatment
  - Prior surgical intervention
- Sleep Studies
  - Complete the Sleep Studies (PSG) Adult Clinical Information Fax on Humana's Sleep Studies webpage, including:
    - Date of birth, procedure code(s), diagnoses, weight, neck circumference, snoring/breathing while sleeping, and/or hypertension.
    - Other relevant clinical information (i.e., comorbidities including pulmonary diseases, neuromuscular diseases, congestive heart failure, narcolepsy, etc.).

Certain medical procedures/treatments, are often conducted in the inpatient setting due to the complicated nature of the procedure or risk of adverse side effects. When these procedures or services are included as part of a standard pre-scheduled treatment plan, they require preauthorizations regardless of the treatment setting (inpatient or other).

If the member has procedures/treatments as the result of an emergency medical condition or member is already an inpatient, preauthorization by HealthHelp is not needed.

Can I check to see if a preauthorization has already been obtained for a member?
Yes. For best search results, please make sure the member name, member number is correct, and the date range is consistent with the member's treatment. Logged in users can check status and print their authorizations online.

You may also check the status of a prior authorization by calling HealthHelp's Call Center 1-866-825-1550.

Are retroactive procedure/treatment requests reviewed for authorization?
Yes. They have to be obtained within 365 days from the date of service.

Does HealthHelp preauthorize or deny services?
1) HealthHelp will authorize requests that are medically appropriate and provide educational consultation for those that do not meet clinical guidelines.

2) Specific authorization requests that do not meet clinical guidelines will be referred to Humana for final determination.

What if I already use HealthHelp to request preauthorizations for another health payor?
If you already have online access to the HealthHelp system through another health plan, please contact HealthHelp's program support to request that Humana be added to your existing access and provide your current User ID. Contact RCSupport@HealthHelp.com or call 1-800-546-7092 Monday-Friday 7 a.m.-7 p.m. (Central Time). Also, if you submit requests on behalf of Humana ordering providers, you will need to provide the full name of all Humana providers that you will be placing requests for.

I am a provider who has not been required to submit preauthorization requests for the specific procedures/treatments. How will this requirement affect me?
Specific providers, determined by Humana, may be excluded from the preauthorization process.

If procedure codes change (AMA CPT, HCPCS, and additional codes needing preauthorization), how am I informed? HealthHelp monitors AMA procedure codes and HCPCS codes for add, remove, and revise status for those modalities managed by HealthHelp. If procedure codes change, Humana and HealthHelp discuss and approve changes, if needed. Humana sends out Letters to Providers, updates Preauthorization and Notifications Lists on their webpage, and updates Commercial Medical Coverage Policies:

1) Humana Preauthorizations and referrals webpage
   https://www.humana.com/provider/medical-resources/authorizations-referrals
2) Medical (Commercial) and Pharmacy Coverage Policies
   http://apps.humana.com/tad/tad_new/home.aspx?type=provider

Revisions for procedure codes are usually yearly for Medicare, twice yearly for Commercial, quarterly for HCPCS, and ad hoc as needed.

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 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.

2) Are these Interqual criteria?

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

3) How are your criteria developed?

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

4) Can I review your clinical criteria and are the criteria current?

Yes. Current clinical guidelines/criteria can be accessed on HealthHelp's website at https://www.healthhelp.com/resources/ or
Consult webpage www.healthhelp.com/Humana.

Yes. All existing criteria are reviewed at least annually.

5) Can I suggest a change to your criteria?

Yes. HealthHelp welcomes your suggestions. Please submit any suggestions with supporting peer-reviewed literature. 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 Physician Reviewer or Medical Director?
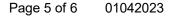If you would like to speak with a Physician Reviewer or the Medical Director for a specialty program regarding a specific procedure or service recommendation and possible alternative procedure in respect to quality and access to care, you can do so by calling HealthHelp's Utilization Management (UM) Team at (877) 883-5690, ext. 3220. A UM Nurse will assist with facilitating the call between your ordering physician and our Physician Reviewer or Medical Director, as appropriate.

Should the HealthHelp Specialty Program Medical Director be unavailable for a peer-to-peer discussion within one (1) business day, an alternate board certified specialty physician will be appointed to facilitate the peer-to-peer discussion. The HealthHelp Specialty Program Medical Director will always identify an alternate peer in his/her absence to manage UM functions including peer-to-peer discussions, as appropriate.

Are there specific requirements for Oncology Therapy Services/Radiation Therapy?
1) When should an ordering provider initiate a preauthorization request for oncology therapy/radiation therapy services?

The ordering provider should request a preauthorization for cancer care services prior to beginning any treatments. Requests should be initiated once the consult and simulation has occurred, and an appropriate treatment plan has been decided upon.

2) What happens if the oncology therapy/radiation therapy treatment plan changes?

   If there is a change in the treatment plan (e.g., metastasis is discovered during treatment), it will be necessary to obtain a preauthorization number for additional treatments.

3) What if there are special circumstances involving the type of cancer and/or treatment?

   HealthHelp uses board-certified medical oncologists and radiation oncologists with expertise in specific areas of cancer treatment to provide peer-to-peer consultations. The ordering physician has the opportunity to discuss the special needs of the patient with a physician who specializes in that clinical condition.

How can my staff get additional training or support?

HealthHelp provides training for Online WebConsult and the preauthorization process: Live and On Demand Webinars, WebConsult Preauthorization Guide, and Quick Reference; see www.healthhelp.com/Humana. You can also contact WebConsult Program Support directly by email rcsupport@healthhelp.com, via Chat on the web (login required) or call 800-546-7092.

HealthHelp also works closely with the provider network to train providers and office staff on the procedures used for acquiring preauthorizations.

For additional assistance from HealthHelp:
   For Preauthorization, call 1-866-825-1550.
   For Technical Issues, call 1-800-546-7092 or email RCSupport@HealthHelp.com.