

# CARECORE/NHP HEALTH PLAN IMAGING PROGRAM

## Quick Reference Guide

<p><b><u>Phone Numbers:</u></b></p> <ul style="list-style-type: none"> <li>• <b>CareCore Pre-Certification Line:</b> <b>1-866-242-9546</b> (7:00am - 7:00 pm, M-F)</li> <li>• <b>CareCore Fax Line:</b> <b>1-866-466-6964</b> (24-hours/day 7-days/week)</li> <li>• <b>NHP Health Plan Provider Relations:</b> <b>1-305-715-2500 or 1-800-354-0222 Outside Miami-Dade county</b></li> </ul>	<p><b><u>Information required for a Complete Precertification Request:</u></b></p> <ol style="list-style-type: none"> <li>1. <b><u>Patient Information:</u></b> <ul style="list-style-type: none"> <li>• Health Plan Name</li> <li>• Patient's NHP subscriber ID Number</li> <li>• Patient Name</li> <li>• Date of Birth</li> <li>• Address</li> <li>• Telephone Number</li> </ul> </li> <li>2. <b><u>Medical Identifiers:</u></b> <ul style="list-style-type: none"> <li>• Ordering physicians name and NHP provider ID</li> <li>• Facility to which the patient is being referred and rendering site name and NHP ID</li> <li>• The contact person and phone number at the ordering physician's office</li> </ul> </li> <li>3. <b><u>Clinical Information:</u></b> <ul style="list-style-type: none"> <li>• The examination(s) being requested, with the CPT code(s)</li> <li>• The diagnosis or "rule out" with the ICD-9 code(s)</li> <li>• The patient's symptoms, listed in detail, with severity and duration. Any treatments that have been tried, including dosage and duration for drugs, and dates for other therapies.</li> <li>• Any other information that the physician believes will help in evaluating the request, including but not limited to prior diagnostic tests, consultation reports, etc.</li> <li>• Dates of prior imaging studies performed.</li> </ul> </li> </ol>
<p><b><u>Imaging Care Management Services</u></b> Pre-certification is required for Procedures that fall under each of the modalities listed below. Certifications are required for studies rendered in a physician's office or in a hospital outpatient setting:</p> <p>CT Scans   Nuclear Medicine   Echo Stress Nuclear Cardiology   MRI/MRA   PET Scans</p> <p><b><u>Rendering Location Exclusions:</u></b></p> <ul style="list-style-type: none"> <li>• Inpatient / Observation</li> <li>• Emergency Room</li> <li>• Ambulatory Surgery Center</li> </ul>	<p><b><u>Claims Submission</u></b></p> <p>Physicians will continue to submit claims in the same manner to NHP at :</p> <p>PO BOX 025680 Miami Florida 33102-5680 .</p>
<p><b><u>Eligibility Verification:</u></b> Please refer to your "NHP Health Plan Physician Reference Guide"</p> <p><b><u>Health Plan ID Card</u></b> At each visit, the office should ask to see the member's ID card to verify eligibility and to collect the appropriate co-payment.</p> <p><b><u>To Check Eligibility:</u></b> Offices may use one of the following options</p> <ul style="list-style-type: none"> <li>• Eligibility information is available on NHP's website at <a href="http://www.mynhp.com">www.mynhp.com</a></li> <li>• Call the Provider Service Center at <b>1-305-715-2500 or 1-800-354-0222 outside Miami-Dade county</b></li> </ul>	<p><b><u>Complaints and or Grievance</u></b></p> <ul style="list-style-type: none"> <li>• Members, physicians or radiology providers may register a <u>complaint</u> with NHP Health Plan by calling Customer Services at the toll-free number on the Member's Health Plan ID card.</li> <li>• If the member/provider is not satisfied with the response received the Member or Provider Services staff can explain NHP Health Plan <u>grievance</u> process that applies to their benefit plan.</li> </ul>
<p><b><u>Program Effective Date:</u></b> Feb 2, 2009</p> <p><b><u>Products Included:</u></b> All Products and LOB are included</p>	

# CARECORE/NHP HEALTH PLAN IMAGING PROGRAM

## Quick Reference Guide

### Imaging Care Management Process

Physicians will obtain a precert by contacting CareCore:

Phone: **1-866-242-9546** or

Fax: **1-866-466-6964**

Physician must provide all information listed under **Information required for a Complete Precertification Request** for a pre-certification request to be reviewed.

- The patient's clinical history and diagnostic information will determine if the requested procedure meets the medical criteria for each procedure requested.
- All decisions are made by licensed, health care professionals.
- Review determinations for non-urgent care will be completed within two (2) working days of receipt of all the necessary information.
- Requesting physicians will be notified of review determinations.

Physician and radiology providers may verify precert status by calling CareCore's Customer Service Dept. or over the Internet at [www.mynhp.com](http://www.mynhp.com)

### Urgent Cases:

Physicians may request authorization on an urgent basis if they determine it to be medically required. Decisions will be rendered for urgent requests within three (3) hours of CareCore receiving all required information.

### Retrospective Reviews

If services are required on a clinically urgent basis and authorization cannot be obtained (i.e. weekends or after 7pm EST), the procedure may be performed, and an authorization requested retrospectively.

- Requests for a retrospective review must be made within two (2) business days of the date of service.
- Physicians should follow the same process outlined above for a standard request.
- Documentation must include why the procedure was required on an urgent basis.
- Clinical justification for the request will be reviewed using the same criteria as a routine request.

### Imaging Care Management Review Outcomes:

- **Approvals:** Requests, which satisfy the criteria for medical necessity, will be approved. Approvals will be communicated both telephonically and in writing to the referring physician with an accompanying authorization number

- **Withdrawal:** In the event that the requesting provider agrees that the request for service is not the appropriate exam, the requesting physician may withdraw his/her request for clinical certification.

**Non-certified:** (Adverse Determination) Studies that do not meet criteria for medical necessity will not be certified.

- Prior to a final decision being rendered additional clinical information to support the medical necessity of the procedure may be requested from the referring physician.
- The requesting physician will be notified by telephone as the patient designee. The patient is notified by mail, as provided by law, of the adverse determination.
- Notification will include information as to why the procedure was denied and what appeal rights the member has.
- **Reconsiderations:** physicians who have additional information may request reconsideration from NHP of the adverse determination.

- **Appeals** – Members, for whom a procedure has been denied, have the right to appeal. Physicians may also file a request for reconsideration regarding decision that request does not meet criteria.

- Appeals may be initiated by the member
- The process for filing an appeal can be obtained by referring to the adverse determination notification or by calling NHP Health Plan Member/Provider Services.
  - **Provider Service- 1-305-715-2500 or 1-800-354-0222 outside Miami Dade county**
  - **Customer Services – 1-305-715-2500 or 1-800-354-0222, outside Miami Dade county**
- Additionally, appeals can be filed by following the directions indicated on the denial letter.