

CARECORE/NHP HEALTH PLAN CARDIOLOGY PROGRAM
Quick Reference Guide

<p>Phone Numbers:</p> <ul style="list-style-type: none"> CareCore PreCertification Line: 1-866-242-9546 (7:00am 7:00 pm, MF) CareCore Fax Line: 1-866-466-6964 (24hours/day 7days/week) Neighborhood Health Partnership (NHP) Provider Relations: 1-877-972-8845 	<p>Information required for a Complete Precertification Request:</p> <ol style="list-style-type: none"> <u>Patient Information:</u> <ul style="list-style-type: none"> Health Plan Name Patient's NHP subscriber ID Number Patient Name Date of Birth Address Telephone Number <u>Medical Identifiers:</u> <ul style="list-style-type: none"> Ordering physicians name and NHP provider ID Facility to which the patient is being referred and rendering site name and NHP ID The contact person and phone number at the ordering physician's office <u>Clinical Information:</u> <ul style="list-style-type: none"> Cardiac Catheterization Clinical Information Electrophysiology Implant Clinical Information 																				
<p>Cardiology Care Management Services Precertification is required for the following Cardiac Catheterization procedures performed in any place of service other than inpatient hospital (CPT® POS 21) and in the emergency department (CPT® POS 23):</p> <table border="1"> <tr><td>• 93452</td><td>• 93453</td></tr> <tr><td>• 93454</td><td>• 93455</td></tr> <tr><td>• 93456</td><td>• 93457</td></tr> <tr><td>• 93458</td><td>• 93459</td></tr> <tr><td>• 93460</td><td>• 93461</td></tr> </table>	• 93452	• 93453	• 93454	• 93455	• 93456	• 93457	• 93458	• 93459	• 93460	• 93461											
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<p>UnitedHealthcare Cardiology Notification Program Clinical Criteria 2012</p> <p>Precertification is required for the following Electrophysiology Implant procedures performed in all places of service except the emergency department (CPT® POS 23), including inpatient (CPT® POS 21), even if the inpatient authorization is in place:</p> <table border="1"> <tr><td>• 33206</td><td>• 33207</td><td>• 33208</td><td>• 33212</td></tr> <tr><td>• 33213</td><td>• 33214</td><td>• 33221</td><td>• 33224</td></tr> <tr><td>• 33225</td><td>• 33227</td><td>• 33228</td><td>• 33229</td></tr> <tr><td>• 33230</td><td>• 33231</td><td>• 33240</td><td>• 33249</td></tr> <tr><td>• 33262</td><td>• 33263</td><td>• 33264</td><td></td></tr> </table>	• 33206	• 33207	• 33208	• 33212	• 33213	• 33214	• 33221	• 33224	• 33225	• 33227	• 33228	• 33229	• 33230	• 33231	• 33240	• 33249	• 33262	• 33263	• 33264		
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<p>Eligibility Verification: Please refer to your "NHP Health Plan Physician Reference Guide"</p> <p>Health Plan ID Card At each visit, the office should ask to see the member's ID card to verify eligibility and to collect the appropriate copayment.</p> <p>To Check Eligibility: Offices may use one of the following options</p> <ul style="list-style-type: none"> Eligibility information is available on NHP's website at www.mynhp.com Call the Provider Service Center at 1-877-972-8845 	<p>Claims Submission Physicians will continue to submit claims in the same manner to NHP at:</p> <p align="center">PO BOX 5210 Kingston, NY 124025210</p>																				



<p><u>Program Effective Date:</u> December 1, 2011</p> <p><u>Products Included:</u> All Products and LOB are included</p>	<p><u>Complaints and or Grievance</u></p> <ul style="list-style-type: none"> Members, physicians or radiology providers may register a complaint with NHP Health Plan by calling Member Services at the tollfree number on the Member's Health Plan ID card If the member/provider is not satisfied with the response received the Member or Provider Services staff can explain NHP Health Plan grievance process that applies to their benefit plan.
<p><u>Cardiology Care Management Process</u> 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 <u>Information required for a Complete Precertification Request</u> for a pre-certification request to be reviewed.</p> <ul style="list-style-type: none"> 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, members and facilities will be notified of review determinations. <p>Physician and facility providers may verify precert status by calling CareCore's Customer Service Dept. or over the Internet at www.mynhp.com.</p> <p><u>Urgent Cases:</u> 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.</p> <p><u>Retrospective Reviews:</u> If services are required on a clinically emergent basis and authorization cannot be obtained without adverse affect to patient care, the procedure may be performed, and an authorization requested retrospectively.</p> <ul style="list-style-type: none"> Requests for a retrospective review for urgent or emergent procedures will be available up to 30 days after the procedure is performed. Physicians should follow the same process outlined above for a standard request. Documentation must include why the procedure was required on an emergent basis. Clinical justification for the request will be reviewed using the same criteria as a routine request. 	<p><u>Cardiology Care Management Review Outcomes:</u></p> <ul style="list-style-type: none"> <u>Approvals:</u> 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. Approvals will be communicated in writing to the member and the facility. <u>Withdrawal:</u> 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. <u>Non-certified:</u> (Adverse Determination) Procedures that do not meet criteria for medical necessity will not be certified. <ul style="list-style-type: none"> 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. The facility will be notified by mail. Notification will include information as to why the procedure was denied and what appeal rights the member has. <i>Reconsiderations:</i> physicians who have additional information may request reconsideration from NHP of the adverse determination. <u>Appeals:</u> 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. <ul style="list-style-type: none"> 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 1-877-972-8845 Customer Services 1-877-972-8845 Additionally, appeals can be filed by following the directions indicated on the denial letter.