

Requesting Authorization for Advanced Radiology Services

WellCare of Georgia, Inc. has partnered with CareCore National to provide quality support in managing prior authorization for certain radiology services, effective April 19, 2010, for services rendered on or after May 3, 2010.

What procedures will require prior authorizations?

Authorizations are required for the following services when performed in an outpatient setting:

- Magnetic Resonance Image (MRI)
- Magnetic Resonance Angiography (MRA)
- Computerized Axial Tomography (CT)
- Positron-Emission Tomography (PET)
- Nuclear Medicine
- OB Ultrasounds
- Nuclear Cardiology

For *Medicare*, medical necessity determination reviews will be required for MR, PET, CT, and SPECT.

Where are authorizations required?

Authorizations are required in the following outpatient settings:

- Freestanding Imaging Center
(stationary as well as mobile)
- Outpatient Hospital (excluding observation unit)
- Physician Office

Authorizations are **not** required for the following settings:

- Hospital (in-patient)
- Emergency Room
- Observation Unit

What information is required to submit an authorization request?

The following information is required to initiate an authorization request:

- Patient's ID, name and date of birth
- Physician's information
- Requested study and/or CPT code
- Clinical information pertaining to the requested study, such as medications and their durations; findings of a recent physical examination; results of lab blood tests; recent CT, MR, or PET results; and biopsy results.
- Diagnosis code
- Site for requested study

A Case Number is assigned to every request, are for reference purposes only, and should not be confused with an Authorization Number. A Case Number is a 10-digit numeric value. Example: 1004567890

Eligibility Verification

For *Medicare* members, you may utilize one or more of the following ways to verify eligibility:

- Registered users may use www.wellcare.com
- Registered users may use www.availity.com
- Contact WellCare's Customer Service
- Access WellCare's Integrated Voice Response (IVR) system
- Visit www.carecorenational.com and click on Eligibility Lookup under Quick Links

For *Medicaid* members, you should continue to verify eligibility through the state website at www.ghp.georgia.gov.

Authorization Number

An Authorization Number is issued to the ordering physician when medical necessity (evidence-based clinical criteria) has been demonstrated. This should not be confused with a Case Number.

Authorizations are valid for 45 days from the date of approval.

The format is an alpha code followed by numerical values and the CPT code. Example: **A012123456-70450**

Submitting Authorization Requests Online

Authorization requests may be initiated online at www.carecorenational.com by logging in to your account at the ordering physician's login. If you do not have an account, click "Register" to create an account.

Once logged in, select "Clinical Certification" either from the menu bar, or the request link on the front page, to begin your online authorization request.

For online cases meeting evidence-based clinical criteria, Authorization Numbers are issued immediately online.

You may check the status of a request online by clicking "Authorization Lookup" under Quick Links.

Submitting Authorization Requests Via Fax

To initiate an authorization request by fax, you may download, print, and fill out the appropriate fax form from www.carecorenational.com.

Select "Provider Resources" at the top of the screen, then select "Provider Tools", and find the appropriate fax form.

Please fax completed forms to CareCore National at **1-866-896-2152**.

Submitting Authorization Requests Via Phone

To begin an authorization request by phone, call CareCore National at **1-888-333-8641**.

Please note that the caller should have the medical record available. PET scans, certain CT's and Breast MRI's may require clinical notes to be faxed to CareCore National.

Is there an appeal process if the prior authorization request is not approved?

Yes. WellCare will be handling all levels of Appeal. Appeal rights are detailed in communications sent to the providers with each adverse determination.

Submitting Claims

Continue to submit claims to WellCare. The Authorization Number must be included on all claims submitted. Do not submit claims using the Case Number.

Please note the following scenarios. In the event you:

- Have multiple CareCore authorization numbers for the same claim and same date of service, only **one** CareCore **Authorization Number** needs to be submitted on the claim
- Have CareCore auth(s) and WellCare auth(s) for the same patient and same date of service, only the **WellCare Authorization Number** needs to be submitted on the claim