

Website(s) Used for Imaging - Cardiology and Radiology

Function	Provider Workflow	BPR-specified Capabilities	'MET', Scheduled Date, or 'NA'	Comment
Checking Eligibility and Benefits	<u>Steps</u> Verify either using <ul style="list-style-type: none"> <li>• electronic batch eligibility, or</li> <li>• website</li> </ul>	Identify services that are benefit exclusions for the patient	<b>Met</b>	Excluded benefits are listed under detailed benefit information.
Determining whether Pre-Auth or Medical Necessity Review is required	<u>Steps</u>  Use the pre-auth look-up tool which is available once the 'Radiology Notification and Authorization ...' entry in the 'Notifications/ Prior Authorizations' drop down list is selected.  Many providers will usually submit a pre-auth request even if the look-up tool indicates that a pre-auth is not required.	Provide up-to-date navigation information on One-Stop-Shop page		
		Look-up/Search for the care service by CPT code, keyword or functional category.	<b>Met</b>	A patient specific CPT look-up tool is provided.  See Process #1 comment.
		Information is specific to a product/group or plan, i.e. not a generic list.	<b>Met</b>	Information is patient specific
		<ul style="list-style-type: none"> <li>• Identify whether any entered service requires a pre-authorization. This includes Unlisted Procedures.</li> <li>• Explicitly indicate -that a service does not require a pre-authorization, e.g. no pre-auth required unless specifically indicated on this list.</li> </ul>	<b>Met</b>	Some but not all Unlisted Procedures can be found in the look-up tool. This creates confusion as it is unclear whether an Unlisted Procedure that can't be found is not a covered benefit or requires a pre-authorization.  See website #7c comment. See Process #1 comment.
Identify whether any entered service requires a medical necessity review (separate from a pre-auth). This includes Unlisted Procedures.	<b>N.A.</b>	All services that are reviewed for medical necessity require a pre-auth		

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		Identify any professional restrictions related to delivering the service, e.g. type of provider, site of care, etc.	<b>N.A.</b>	There are no site of service restrictions on any imaging services
		Identify if/what supporting documentation that needs to be sent with a review request, including documentation for Unlisted Procedures		Supporting documentation requirements are not identified on the site.
		Identify clinical criteria	<b>Met</b>	Medical policies are difficult to find unless you are an experienced user. (They are under Tools and Resources rather than Clinician Resources)  See website#10 comment
		Identify whether approval of this service is dependent upon previously trying other services, i.e. "tried and failed".		
Submitting Review Request	<u>Steps</u> – Many providers don't initiate the submission process unless clinical documentation is complete and available to administrative staff. Otherwise there is a risk of denial if the clinicals can't be faxed in two days.  1. Select 'Radiology Notification ...' entries in 'Notifications/ Prior Authorizations' drop down	Provide an online form/web page for requesting pre-service review	<b>Met</b>	
		On form/web page - Allow specification of the "urgency" of the request		Services requiring an urgent review can't be requested online. There is a highlighted note on the request page that indicates that UHC needs to be called for urgent requests.
		Identify the time frame under which the request will be reviewed, somewhere in the process		
		On form/web page - Allow specification of ALL the services/medication/administration to be reviewed	<b>Met</b>	A separate request needs to be submitted for each CPT code.  See website #8b comment.

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	<p>2. Enter required information into UHC site</p> <p>In cases of clinical questions, try to select the best answer based upon the information contained in the clinical notes,</p> <p>3. If auto-approved, enter the auth number and date of service ranges into the EHR, and/or take a screen shot of the authorization information.</p> <p>4. If not auto-approved, put the case number into the EHR.</p> <p>Upload or fax supporting documentation. (However may still get a call from UHC reviewing nurse asking for clinicals)</p>	<p>On form/web page - Include questions about any relevant professional restrictions (as applicable)</p>	<b>N.A.</b>	<p>There are no site of service restrictions on any imaging services</p>
		<p>If form/web page asks for clinical information, either offer check list selection of appropriate clinical information or allow provider to submit ALL clinical information relevant to the specific request for services, and not restrict provider from sending this relevant information</p>	<b>Met</b>	<p>Site provides a very long, small-font list of possible answers from which to choose.</p> <p>See website #8f comment.</p>
		<p>Allow for submission of form electronically or faxed with supporting documentation</p>	<b>Met</b>	<p>Some supporting information can be cut and pasted into the request form.</p> <p>Up to a single 5 MB word document can be uploaded</p> <p>Uploaded and faxed documents are not always "received" by UHC.</p>
		<p>Provide an acknowledgement receipt of the review request</p>	<b>Met</b>	<p>Either an authorization number (if auto-approved) or a case number</p>
		<p>Able to print the completed request form and/or review online the information submitted on the request.</p>		
		<p>Perform review for ALL submitted services that are valid per the BPR, not just those requiring a pre-authorization -- including Unlisted Procedures, except for those listed on health plan website.</p>		<p>For a number of Unlisted Procedures, the site will not confirm the description for the CPT code. A call to UHC must be made to make the request.</p>

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		Perform review without a provider signature on the request	<b>Met</b>	
		On web page, identify how changes are to be made to previous requests and how providers will be notified of decisions		
Checking Status of Request	<u>Steps</u>  Check Status which is available once the 'Radiology Notification and Authorization ...' entry in the 'Notifications/ Prior Authorizations' drop down list is selected.  If pre-auth request was not auto approved within two days after submission, check status on website to see if a letter has been posted about required documentation. If not, call.	Provide status information on website per the BPR  Identify any information that is missing.		Reporting Statuses are Approved, Pending, Denied. A letter is sometimes included that indicates what additional information is needed.  Pending status does not always have a letter attached, in which case there is no information about whether action is required of the provider and/or if what documentation is required
		Allow access to status information by the provider/organization that requested the services, the provider/organization that is doing the services and, as appropriate, the facility/organization where the services are to be done	<b>Met</b>	Can see status of pre-authorizations that were requested by outside providers.