

HMSA Advanced Imaging and Cardiology Prior Authorization Request

Prior Authorization Department

Phone: 808-522-4100

Fax: 808-522-4174



September 2015

Dear Provider,

Periodically, we evaluate our utilization management programs to ensure quality care. Based on a recent analysis, we'll soon require preauthorization for certain procedures. This change will improve the quality of care for our members and lower costs by reducing the number of unnecessary procedures.

Starting December 1, 2015, outpatient MR, CT, PET, and certain cardiac-related procedures will require preauthorization. This will help minimize radiation exposure and ensures that the most efficient and least-invasive testing options are used.

National Imaging Associates, Inc. (NIA) will continue to use evidence-based clinical guidelines to support options for patients. NIA will offer immediate authorizations, faster claims processing, consultations, on-site/local training and education, and peer-to-peer reviews when appropriate.

<p>Current waivers from preauthorization for the services listed here will end on November 30, 2015. Effective December 1, the following outpatient advanced imaging will require preauthorization:</p> <ul style="list-style-type: none">• CT/CTA.• MRI/MRA/MRS.• PET scan.• Myocardial perfusion imaging (MPI).• CCTA.	<p>Also effective December 1, the following cardiac-related procedures will also require preauthorization:</p> <ul style="list-style-type: none">• Stress echocardiography.• Implantable cardiac devices.• Cardiac catheterization.
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The NIA Call Center will be available as of Monday, November 23, 2015, for preauthorization requests. Refer to the NIA website, niahealthcare.com, for more information on HMSA/NIA Magellan Billable CPT Codes Claim Resolution or to obtain the Utilization Review Matrix for all CPT-4 codes managed on behalf of HMSA.

November 9, 2015

Dear Dr. _____,

As you are aware, effective December 1, 2015, HMSA is requiring preauthorization for the following outpatient advanced imaging and select cardiology procedures:

- CT/CTA
- MRI/MRA/MRS
- PET scan
- Myocardial perfusion imaging (MPI)
- CCTA
- Stress echocardiography
- Implantable cardiac devices
- Cardiac catheterization

Preauthorization will be required for all providers, and HMSA will not provide waived status on any of these procedures.

We raised our concerns with HMSA, and they responded with an expedited process for the reauthorization of gold cards for Hawaii Health Partners (HHP) members. They also agreed to issue the gold card by provider, instead of by procedure (guidelines to come). HMSA has also promised a dedicated RN to work with our members and help improve turnaround times. These accommodations are specific to HHP.

While these concessions are appreciated, we recognize the additional administrative burden this could create, taking more time away from your patients. To further support our physicians and expedite patient care, HHP will be providing the following services to our members:

- **For HHP physicians with access to Hawaii Pacific Health's Epic EMR:**
From Dec. 1 and prior to the date of service, preauthorizations for HMSA procedures listed above should be called in by your office to the HHP Centralized Prior Authorization Department at 808-522-4100. Your clinical staff should follow the process on the attached workflow. If no clinical review is required by HMSA, you can expect to receive routine and non-urgent authorizations from our HHP staff within one (1) business day.
- **For HHP physicians who do not have access to Hawaii Pacific Health's Epic EMR:**
From Dec. 1 and prior to the date of service, preauthorizations for HMSA procedures listed above should be faxed in using the attached Preauthorization Fax Form by your office to our HHP Centralized Prior Authorization Department. Please fax your completed form to us at 808-522-4174.

Please note that preauthorizations for all other HMSA-covered procedures, as well as preauthorizations for all non-HMSA insurance providers, are not affected by this change and should continue to follow existing workflows.

In our efforts to further assist you in this transition, HHP is providing an implementation toolkit. This includes the attached:

- Guidance for Clinical Support Staff
- Centralized Preauthorization Workflow

Please review these materials and share them with your staff. In the coming weeks, we will follow up with Preauthorization Guidelines, a Preauthorization Fax Form (for members without Epic access), Frequently Asked Questions and more.

If you have questions regarding these upcoming requirements, please email info@hawaiihealthpartners.org or call 808-535-7724 and leave a message. HHP is here to help guide you through the process and minimize any disruptions to your existing workflow.

Sincerely,



Gerard Livaudais, MD
Executive Director, Hawaii Health Partners

Attachments: Guidance for Clinical Support Staff, Centralized Preauthorization Workflow.

- Cardiac Related Codes

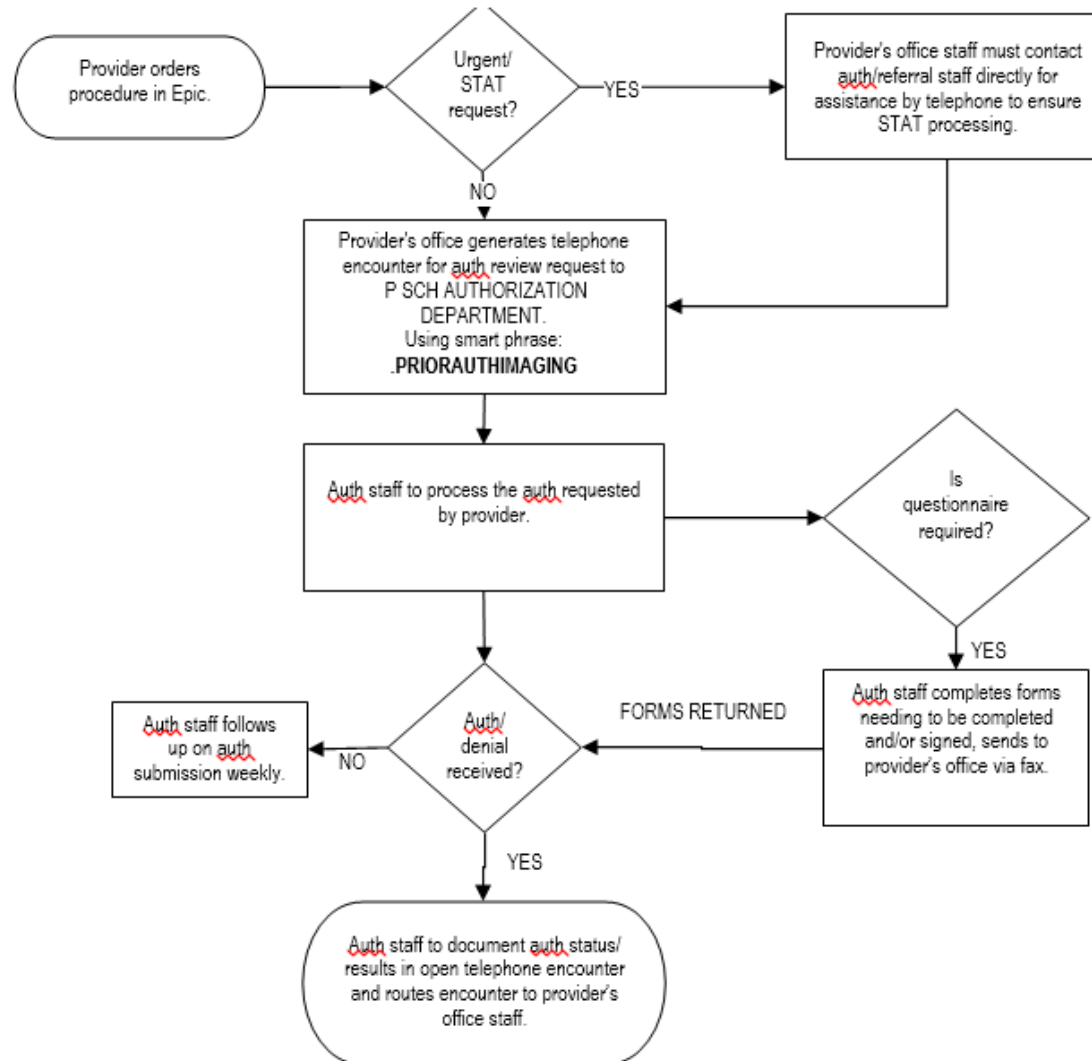
[https://hmsa.com/portal/provider/MM.02.029
Cardiac Related Procedures 120115.pdf](https://hmsa.com/portal/provider/MM.02.029_Cardiac_Related_Procedures_120115.pdf)

- Advanced Imaging Codes

[https://hmsa.com/portal/provider/zav_pel.aa.a
dv.100.htm](https://hmsa.com/portal/provider/zav_pel.aa.adv.100.htm)

Centralized Preauthorization Workflow

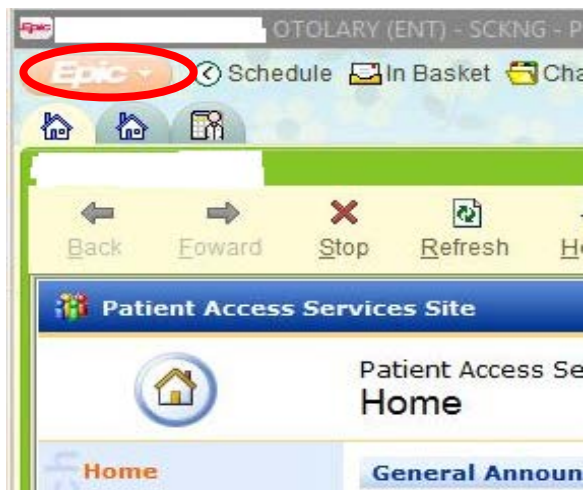
Effective: 12-01-2015



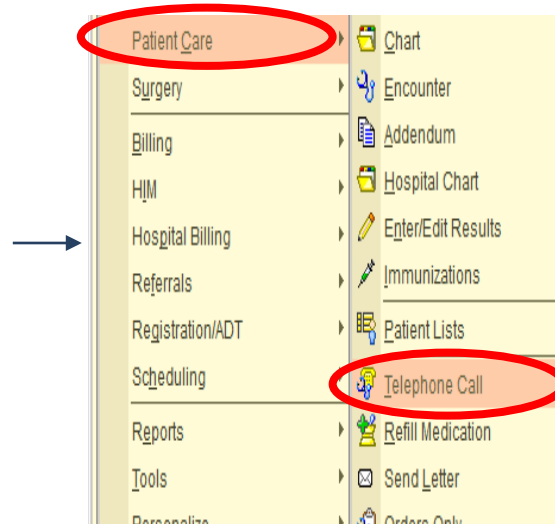
Opening a Telephone Encounter

Two ways to open telephone encounter:

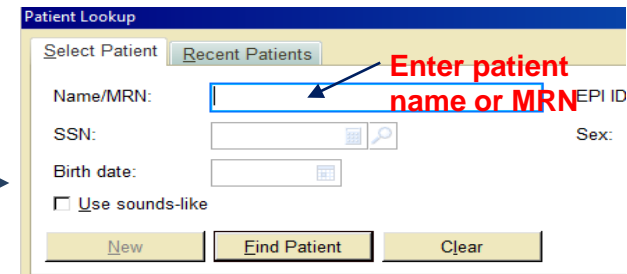
Option one: Select **EPIC** Tab (on far left corner of screen).



Select **Patient Care** from drop down list. Side bar tab populates, select **Telephone Call**.



Telephone Call entry has been selected **Patient Lookup** identifier will open. Here you will be able to enter patients Last, First Name/MRN.



OR

Second option: Select **Telephone Call** (if available) icon on tab bar, which will directly take you to **Patient Lookup**.



Creating: Prior Authorization Request

Telephone encounter will open:

- **Reason for call:** Authorization
- **Comment:** Radiology or cardiology

Telephone/Refill Encounter

Contacts

Reason for Call

Best Practice

Verify Rx Benefits

Meds & Orders

Documentation

Routing

Disposition

Close Encounter

Contacts

Incoming Call

Outgoing Call

Other

Permanent Comments

No contacts

Reason for Call

Reason for Call	Onset	Comment
AUTHORIZATION	11/6/2015	radiology

Delete

Add to Preference List

Restore

Close

Select **Documentation**.
Enter **.priorauthimaging**

Contacts

Reason for Call

Best Practice

Verify Rx Benefits

Meds & Orders

Documentation

Routing

Disposition

Close Encounter

Refresh

Last refreshed on 11/6/2015 at 9:28 AM

Verify Pharmacy Benefits

No pharmacy benefits on file.

The patient may not have insurance or their insurance does not send pharmacy b

Medications & Orders

Search for new order

New Order

Review open orders

To save time, current medications and procedures haven't been loaded yet.

You can use the Load Meds button on the top right to load current medications a

Pharmacy: WALGREENS (KAILUA) [Patient Preferred] 808-263-9980

Associate

Providers

Current Interactions

Documentation (F3 to enlarge)

Add

11

B

/

U

A

Insert SmartText

.priorauthimaging

Abbrev	Expansion
PRIORAUTHIMAGING	HHP HMSA prior auth request for i

Submitting Smart Phrase: .priorauthimaging

Two options to select from:
HMSA Advanced Imaging or
HMSA Cardiology

Select from one of the **HHP facilities** or ***
other to enter patient's facility of choice for
completion of HMSA Advanced Imaging or
HMSA Cardiology

HMSA Advanced Imaging or HMSA Prior Authorization Request:

Request being ordered: HMSA PRIOR AUTH REQUEST:14337

Studies to be done at: FACILITIES:13577

HMSA Advanced Imaging
HMSA Cardiology

Facility Phone / Fax: FACILITIES RADIOLOGY DEPARTMENTS:14338

Dx / ICD-10: ***

CPT Code (5 digits): ***

Comments: ***

Sign at exit WS

Restore Close F9 Cancel

HMSA Advanced Imaging or HMSA Prior Authorization Request:

Request being ordered: HMSA Advanced Imaging

Studies to be done at: FACILITIES:13577

Facility Phone / Fax: FACILITIES RADIOLOGY DEPARTMENTS:14338

Dx / ICD-10: ***

CPT Code (5 digits): ***

Comments: ***

Sign at exit WS

Restore Close F9 Cancel

Kapiolani Medical Center for Women and Children
Pali Momi Medical Center
Straub Clinic and Hospital
Wilcox Memorial Hospital

Submitting Smart Phrase: .priorauthimaging

Select appropriate facility **fax/phone listing** or *** **other**.

Example: .priorauthimaging completed entry fields.

Request being ordered: HMSA Advanced Imaging

Studies to be done at: {FACILITIES:13577}

Facility Phone / Fax: {FACILITIES RADIOLOGY DEPARTMENTS:14338}

Dx / ICD-10: ***

CPT Code (5 digits): ***

Comments: ***

KMCWC P: 808-983-8626
PMMC P: 808-485-4222
SCH: P: 808-522-4220
WMH: P: 808-245-1030

Sign at exit WS

Restore Close F9 Cancel

Request being ordered: HMSA Advanced Imaging

Studies to be done at: Straub Clinic and Hospital

Facility Phone / Fax: SCH: P: 808-522-4220

Dx / ICD-10: Kidney Mass N28.89

CPT Code (5 digits): 74181

Comments: ***

Sign at exit WS

Restore Close F9 Cancel

Routing Prior Auth Request: P Sch Authorization Department Pool

Smart phrase has been complete.
Select **Routing** to route Telephone Encounter.

The screenshot shows the HAWAII HEALTH PARTNERS interface. On the left sidebar, the 'Routing' tab is selected and highlighted with a red circle. The main content area displays the 'Documentation' section for 'Papez, Candace'. It includes a 'Create Note' button, a 'Refresh' button, and a 'Routing' button highlighted with a red circle. The 'Routing' button is located at the bottom of the 'Documentation' section. The 'Disposition' section shows 'None' and the 'Close Encounter' section shows 'Close Encounter'.

Recipient field: p sch authorization department pool

The screenshot shows the 'Routing' dialog box. The 'Route as:' dropdown is set to 'Patient Calls'. The 'Recipient' field is populated with 'p sch authorization department pool' and highlighted with a red circle. Below the 'Recipient' field, there is a list of recipients, including 'P SCH AUTHORIZATION DEPARTMENT POOL [100002]'. The 'Add PCP' and 'Add My List' buttons are visible. The 'Routing comment (not saved to notes):' section is empty. The 'Close' button is highlighted with a red circle.

Roles and Responsibilities

Criteria for Workflow:

- Starting 12/1/15
- HMSA insurance
- Physician is ordering:
 - CT/CTA
 - MRI/MRA/MRS
 - PET scan
 - Myocardial perfusion imaging (MPI)
 - CCTA
 - Stress echocardiography
 - Implantable cardiac devices
 - Cardiac catheterization

Roles and Responsibilities

Ordering Provider's Clinical Staff Responsibilities:

- Promptly request an authorization from the HHP Centralized Prior Authorization Department prior to date of service by following the Centralized Preauthorization Workflow and ensure progress note is signed and order is entered.
- Appeal any denial requests for authorizations.
- Promptly notify HHP Centralized Prior Authorization Department of any cancellations, reschedules or changes to orders.
- Respond to any clinical questionnaire or documentation HMSA may require.

HHP Centralized Prior Authorization Department Responsibilities:

- Research and compile all necessary documentation for authorization.
- Complete necessary steps to obtain authorization.
- Complete payer questionnaires, where clinical documentation is made available. Otherwise, route questionnaire back to physician office.
- Follow up on pending authorizations weekly.
- Route authorization numbers or denial reasons back to physician offices.

HPH Radiology/Cardiology/Cath Lab Department Responsibilities:

- Create referral shell for all imaging appointments.
- Promptly notify ordering provider's office of any protocol changes.
- Monitor authorization shell work queues and obtain retro authorizations if no prior authorization was issued.

Sample Chest CT Questionnaire

For evaluation of known tumor, cancer or mass. **YES or No**

Evaluation of suspicious mass/tumor (unconfirmed cancer diagnosis). **YES or No**

Known or suspected infection or inflammatory disease. **YES or No**

Suspected vascular disease, (e.g., aneurysm, dissection). **YES or No**

HHP Prior Authorization Department

Hours of Operation:

Monday–Friday: 7:30 a.m.–4 p.m.

(Closed HPH observed holidays)

Telephone: 522-4100

Fax: 522-4174

Epic Telephone Encounter Contact:

- **P SCH AUTHORIZATION DEPARTMENT**