

## Frequently Asked Questions

### Authorization Process

**Who is HealthHelp?** HealthHelp, a specialty benefits management company, partnered with New York State Medicaid to administer a quality review program for radiology services.

**What is HealthHelp's Program?** HealthHelp provides a quality review program, **Consult**<sup>™</sup>, designed to improve quality of care and reduce cost of care by providing expert peer-to-peer consultation and recommending the latest evidence-based medical guidelines for reviewing diagnostic imaging procedures. HealthHelp's quality review process involves collecting relevant clinical information from the ordering/treating practitioner's office and reviewing this information alongside current evidence-based guidelines. If the requested service does not meet evidence-based guidelines, HealthHelp will make alternative recommendations for the requested procedure and/or provide an opportunity to discuss the case with a peer reviewer.

**How does the Consult program assist practitioners and their patients?** The Consult program is a collaborative/ educational model that offers help to practitioners in selecting the appropriate procedure/test for their patients. One way this is achieved is through the application of the ALARA (as low as reasonably achievable) principle. ALARA remains the most widely accepted method for managing human exposure to ionizing radiation.

**How does Consult work?** The HealthHelp prior approval process involves collecting relevant clinical information from the ordering/treating practitioner's office, reviewing this information alongside current evidence-based guidelines, and, if necessary, providing physician-to-physician consultation on treatment and/or test appropriateness and patient safety. If the requested service does not meet criteria, HealthHelp will provide alternative recommendations for the requested procedure and/or provide an opportunity to discuss the case with a peer reviewer.

**Does this mean Consult will deny services?** No. Consult will only provide educational consultation. Ordering practitioners will make the final determinations on the procedures to be performed and a New York State Medicaid FFS Prior Approval number will be provided.

**What are the clinical criteria used for the Consult program in determining the appropriateness for ordering these procedures?** This program uses radiology review criteria updated regularly with peer-reviewed literature from the industry. Determinations and recommendations are made in accordance with acceptable medical standards and appropriateness-of-care guidelines. Specific guidelines with supporting literature are faxed to the ordering practice if criteria are not met.

**What procedures require a Prior Approval Number?** Ordering practitioners are required to obtain prior approval for the following elective/pre-planned procedures except services rendered in an emergency setting:

**Radiology:** CT, CTA, MRI, MRA, PET, & Cardiac Nuclear Medicine

*A complete list of procedure codes requiring prior approval can be found at <https://www.eMedNY.org/ProviderManuals/Radiology/>*

Note: Prior approval decisions are not made based on monetary incentives.

**If a procedure code is not on the procedure code list, can we assume it does not require a prior approval?** HealthHelp will ONLY review and approve the codes on the HealthHelp procedure code list. For all other codes, you will need to confirm with New York State Medicaid, if a prior approval is required.

**Who requires a Prior Approval Number?** Prior Approval Numbers are required for all of New York State Medicaid FFS Program membership. Members eligible for both Medicaid and Medicare (dual eligible) or members who are enrolled in a managed care plan are **not** included.

**Does Consult check the eligibility of the member?** Yes. A HealthHelp representative will verify member eligibility with the New York State Medicaid FFS Program via the eMedNY system.

**How do I request a Prior Approval Number?** Ordering practitioners can request prior approval for these services using one of the following two methods:

- **Phone:** 888-209-4122
- **Fax:** 888-209-9634 (fax request forms can be obtained at the above website)

HealthHelp representatives are available from 8:00 AM to 6:00 PM Eastern Time, Monday through Friday.

**What information is required when submitting a procedure/treatment request to HealthHelp?** The ordering practitioner's office should have the relevant clinical information available in the patient's chart. The following information is required for all quality review requests and should be available in the patient's chart:

- Member name & ID
- Ordering physician name
- Ordering physician telephone & fax numbers
- Member diagnosis or clinical indication



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- Treatment requested (procedure code)
- Member symptoms & duration
- Member medications & duration
- Prior treatments & surgical interventions
- Summary of clinical findings
- Member risk factors (*primarily applies to imaging requests related to cancer screening indications*)

**How long does the quality review process take?** Assuming appropriate criteria are met, and the necessary information (as outlined previously) is provided, prior approval requests can be completed in minutes. If the prior approval request is submitted via phone or fax, HealthHelp will submit a confirmation fax to the fax number collected during the prior approval request process. Should a procedure need clinical or peer review, prior approval can take up to 48 hours at each step (e.g., review with a nurse or physician reviewer). For complicated cases, this time may be extended while additional clinical information is acquired from the provider office but will remain within the timeframe as mandated by New York state or federal regulation.

**How do I check the status of a prior approval request?** Ordering practitioners can check the status of a request, at any time (24/7) using HealthHelp's Interactive Voice Response System at 1-888-209-4122.

- **Option 1:** Get information about an existing request.
- **Option 2:** Check the status of prior approval requests (24/7)
- **Option 3:** Start a request for a radiology procedure / with assistance from a HealthHelp Agent

For assistance with the IVR system, HealthHelp agents are available from 8AM-6PM EST (Monday- Friday) at 1-888-209-4122. Other questions may be directed to the Bureau of Medical Review at 1-800-342-3005 or [ohipmedpa@health.ny.gov](mailto:ohipmedpa@health.ny.gov).

**Are approval numbers permitted for retrospective (“retro”) requests?** Yes, but limited to changes in Medicaid eligibility or pending initial eligibility. Retro requests must be submitted within 30 days of Transaction (finalized) date in eMedNY.

**Does the Prior Approval have an expiration date?** Approvals are valid for 90 days from the date of service provided.

**How is the Prior Approval Number entered into the eMedNY system?** Prior Approval Numbers are entered directly into the eMedNY system by HealthHelp.

**How are your criteria developed?** HealthHelp's clinical review criteria are developed and evaluated by a panel of physicians, who are experts in their specialty and utilize evidence-



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based guidelines, including existing guidelines from professional medical associations, current medical literature, and regionally accepted practice protocols for diagnosis codes and procedures. These criteria are based on the evidence available at the time of publishing and may be revised as more recent evidence becomes available. For access to HealthHelp's clinical guidelines, please visit: [www.healthhelp.com/resources/](http://www.healthhelp.com/resources/).

**Can I suggest a change to your criteria?** Yes, we welcome your suggestions. Please submit any suggestions with supporting peer-reviewed literature to [CGDevelopment@healthhelp.com](mailto:CGDevelopment@healthhelp.com) or/and 877-685-5264. The package will be reviewed for appropriateness and submitted to the physician advisory committee for acceptance. We will respond to you within sixty days.

**Can I get a copy of your criteria?** Yes, a general synopsis of the criteria and supporting literature will be provided to the ordering practitioner upon request.

**Can HealthHelp receive phone calls from the hearing impaired (TTY)?** Yes. TTY phone line is staffed and available to receive phone calls from the hearing impaired during normal hours of operation. The TTY Toll-Free number is accessible to members and providers at: **TTY Toll Free Number:** 877-512-6796.

For program questions or additional training, please contact:

**Program Support**  
[RCsupport@HealthHelp.com](mailto:RCsupport@HealthHelp.com)  
800-546-7092

Visit NYS DOH Medicaid website for more information at [www.eMedNY.org](http://www.eMedNY.org).